

N10000009903

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(Address)

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☐ PICK-UP

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

APPROVED
AND
FILED

T. Lemieux

T. LEMIEUX

FEB 27 2012

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Marion Oaks Elementary PTO Incorporated

DOCUMENT NUMBER: N10000009903

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Silver

(Name of Contact Person)

Marion Oaks Elementary PTO

(Firm/ Company)

280 Marion Oaks Trail

(Address)

Ocala, FL 34473

(City/ State and Zip Code)

marionoakselementarypto@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Silver

(Name of Contact Person)

at (478) 993-8736

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|---|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Marion Oaks Elementary PTO Incorporated

(Name of Corporation as currently filed with the Florida Dept. of State)

N10000009903

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Tracy Jorgensen

5272 SW 115th Loop

(Florida street address)

New Registered Office Address:

Ocala

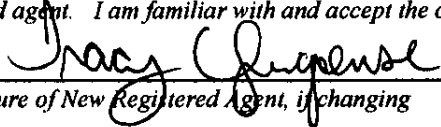
(City)

Florida 34473

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

(Attach additional sheets, if necessary)

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Example:

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	V	Ellen Lewis	3570 SW 151st Street Ocala, FL 34473
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	T	Tracy Jorgensen	5272 SW 115th Loop Ocala, FL 34476
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	S	Angela Stein	6816 SW 130th Loop Ocala, FL 34473
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	S	Megan Thompson	5916 SW 111th Place Ocala, FL 34476
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	T	Robin Edwards	
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

a. Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes,
the making of distributions to organizations that qualify as exempt organizations under section 501 (c) (3) of the Internal Revenue Code,
or corresponding section of any future federal tax code.

b. Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c) (3)
of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government,
or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by a Court of Competent Jurisdiction
of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations,
as said Court shall determine, which are organized and operated exclusively for such purposes.

The date of each amendment(s) adoption: 2/6/12
Effective date if applicable: 2/6/12
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 2/24/12
Signature Sarah Silver
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Sarah Silver
(Typed or printed name of person signing)
President
(Title of person signing)