N10000010685

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
		NO\$

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	CHARTER SCHOOL SOUTH PTO, INC.	
N10000010685		
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Sharon Pierre		
	(Name of Contact Person)	
BEN GAMLA CHARTER SCHOOL SOUTH	PTO, INC.	
	(Firm/ Company)	
6511 WEST SUNRISE BLVD		
	(Address)	
PLANTATION, FL 33313-6036		
	(City/ State and Zip Code)	P. 3
		20 Hā
E-mail address: (to b	be used for future annual report notification)	# # # A
For further information concerning this matter, p	please call:]>>; ab;
Sharon Pierre	754-423-1811	က် ညည
(Name of Contact F		Telephone Number)
Enclosed is a check for the following amount m	nade payable to the Florida Department of State:	<u> </u>
☐ \$35 Filing Fee ■\$43.75 Filing Fee Certificate of St	ce & \$\subseteq\$\$\$ \$\subseteq\$\$\$ \$\subseteq\$\$\$ \$\subseteq\$\$\$ \$\subseteq\$\$\$ \$\subseteq\$\$\$ \$\subseteq\$\$\$ \$\subseteq\$\$\$\$ \$\subseteq\$\$\$\$ \$\subseteq\$\$\$\$ \$\subseteq\$\$\$\$\$\$\$ \$\subseteq\$	us

Mailing Address

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



2020 Man - 9 PM 3: 26

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 25, 2020

SHARON PIERRE BEN GAMLA CHARTER SCHOOL SOUTH PTO, INC. 6511 WEST SUNRISE BLVD PLANTATION, FL 33313-6036

SUBJECT: BEN GAMLA CHARTER SCHOOL SOUTH PTO, INC.

Ref. Number: N10000010685

We have received your document for BEN GAMLA CHARTER SCHOOL SOUTH PTO, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$43.75. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 420A00004101

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BEN GAMLA SOUTH CHARTER SCHOOL-PTO.		म्बद्धाः स्टब्स्स्य = इक्कान्यस्य
6511 W SUNRISE BLVD PLANTATION, FL 33313-		3030
	, ,	63-9138/2631
PAY	DATE 3/3/2020	<u>.</u>
ORDER OF Division of Corporations	1\$ (/2	15
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	DOLLARS	
BRANCH BANKING AND TRUST COMPANY 1-800-BANK BET BET.com		
FOR Ref # N10000010-685	Bi-Charles R	
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は高くのないというないというというない。これは、これのことは、これのことをある。	2 Company Company	
		TO COMPANY SERVICE

Articles of Amendment to Articles of Incorporation of

BEN GAMLA CHARTER SCHOOL SOUTH PTO, INC.

N10000010685					
(Docum	nent Numb	per of Corporation (if known)			_
fursuant to the provisions of section 617.1006, Flor mendment(s) to its Articles of Incorporation:	rida Statut	es, this Florida Not For Profit Cor	poration adopts the	e follow	ing
a. If amending name, enter the new name of the	e corpora	tion:			
Same				The n	ew
ame must be distinguishable and contain the word Company" or "Co." may not be used in the name		ition" or "incorporated" or the abo	breviation "Corp."	or "Inc	: "
B. Enter new principal office address, if applicable:		Same			
Principal office address MUST BE A STREET A		()			
n en					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	Same			
				-20	
				_ <u></u>	
). If amending the registered agent and/or regi	stered off	ice address in Florida, enter the t	name of the	٦	7.
new registered agent and/or the new register	ed office	address:			
Name of New Registered Agent:	Same			ΞĚ	
Name of New Registered Agent.				ုဂ္ဂ ယ	
		(Florida street aa	ldraes)		===
New Registered Office Address:	:	(1.67) 600	,		7
	Same		, Florida		
		(City)	, 1 1011da (Zip Code)		
			(2,14) (3,110)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registere	d Agent: amiliar with and accept the obligat	ions of the position.		
nevery accept the approximent as regimered ager	••• • • • • • • • • • • • • • • • • • •	animar min and decops no minger	· · · · · · · · · · · · · · · · · · ·		
-		Signature of New Registered Agent,	if changing		

Page 1 of 4

Commence of the second of the

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

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.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change X_Remove X_Add	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) $\frac{xx}{xx}$ Change Add	<u>P</u>	Jennifer Farah Carballosa	6511 WEST SUNRISE BLVD PLANTATION, FL 33313-6036
Remove 2) xx Change xx Add	VP	Reava Felix	6511 WEST SUNRISE BLVD PLANTATION, FL 33313-6036
Remove 3) xx Change xx Add Remove	<u>S</u>	Erika Seese	6511 WEST SUNRISE BLVD PLANTATION, FL 33313-6036
4) $\frac{xx}{xx}$ Change Add	<u>T</u>	Marvcela Tercero	6511 WEST SUNRISE BLVD PLANTATION, FL 33313-6036
Remove 5)	T-CO	Sharon Pierre	6511 WEST SUNRISE BLVD PLANTATION, FL 33313-6036
6) Change Add			
E. If amending or additional sheet		Page 2 of 4 icles, enter change(s) here: (Be specific)	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

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.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John I V Mike . SV Sally S	<u>lones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) <u>**</u> Change Add	<u>P</u>	Berry Ronda Lynn	6511 WEST SUNRISE BLVD PLANTATION, FL 33313-6036
2) xx Remove 2) Add	Staff Lia	Berry Ronda Lynn	6511 WEST SUNRISE BLVD PLANTATION, FL 33313-6036
xx Remove Change Add xx Remove	<u>T</u>	BEN GAMLA CHARTER SCHOOL	6511 WEST SUNRISE BLVD PLANTATION, FL 33313-6036
4) xx Change Add	<u>S</u>	BEN GAMLA CHARTER SCHOOL	6511 WEST SUNRISE BLVD PLANTATION, FL 33313-6036
XX Remove 5) Change Add Remove			
6) Change Add			
E. If amending or add (attach additional sho		Page 2 of 4 rticles, enter change(s) here: (Be specific)	

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	Page 3 of 4	
	01/01/2020	
The date of each amendment(s) adoption:	01/01/2020	, if other than the
ate this decoment was signed	-	
ate this document was signed.		
01/01/2020		
ffective date if applicable:		
(n	o more than 90 days after amendment file date	•)
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lote: If the date inserted in this block does	not meet the applicable statutory filing require	ments, this date will not be listed as the
ocument's effective date on the Departmen	t of State's records.	•
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	CUPCI OVE	
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	1/22/2020			
Signature	him a fish hand a saidest or other officer if directors			
· ·	y the charman or vice chairman of the board, president or other officer-if directors ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or the court appointed fiduciary by that fiduciary)			
	Sharon Pierre			
	(Typed or printed name of person signing)			
	Co-Treasurer			
	(Title of person signing)			