## N 1100000 4264

(F	Requestor's Name)	
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## COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: Mater Lak	es Acaden	ny PTSO Corp.
DOCUMENT NUMBER: N110000042	264	
The enclosed Articles of Amendment and fee are subm	sitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Barbara Zino		
(	Name of Contact Perso	n)
	(Firm/ Company)	
7879 NW 170th St.		
	(Address)	
Miami, FL 33015		
(	City/ State and Zip Cod	ie)
mlaptso@gmail.co	om	
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please of	call:	
Barbara Zino	305 at (	331-1340 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Dep	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Tallabassee, FL 32314	Ameno Divisio Cliftor	Address  Ilment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

	Artici	es of Amendment		
	Article	to s of Incorporation		
Mater Lakes Acaden	N PTSO (	or Corp		
(Name of Corporation as current		<u> </u>		<u></u>
N11000004262	Y IDEAL WICH THE XX	order Dept. of State)	٠	2
(Does	ment Number of C	orporation (if known)		့ တိ
Pursuant to the provisions of section 617.1 unendment(s) to its Articles of Incorporat		es, this <i>Florida Not For Pro</i> j	fit Corporation a	topts the following
A. If amending name, outer the new na	me of the corporat	tion:		
N/A				The new
name must be distinguishable and contain		ttion" or "incorporated" or t	the abbreviation	"Corp." or "Inc."
"Company" or "Co." may not he used in	INC NUME.	N1/A		
B. Enter new principal office address, i	f applicable:	N/A		
(Principal office address <u>MUST BE A S</u>	REET ADDRESS	)		
				~ <del></del>
C. Enter new mailing address, if appli (Mailing address MAY BE A POST (		7879 NW	170 <sup>Th</sup>	6+
		miami fl	33015	
			~ <del>~~~</del>	
•			· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent an new registered agent and/or the new			r the name of the	•
Name of New Registered Agent:	Barbara Zin		·	
	7879 NI	n 170 st		
New Registered Office Address:		(Florida street address)	<u> </u>	
	Miami		, Florida 330	15
	(City	)		Zip Code)
New Registered Agent's Signature, if cl				
I hereby accept the appointment as regist	ered agent. I am fo	williar with and accept the o	bligations of the p	osition.
•	. (	XX 11 1 1		

Signature of New Registered Agend, if changing

## 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	<u>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	Gloria Rodriguez	6601 NW 199th St
X Remove			Miami, FL 33015
2) Change	<u>T</u>	Gale Woolley	17800 NW 170th Ter
Add			Miami, FL 33015
Remove 3) Change	<u>s</u>	Anna Garcia	8340 NW 170th Ter Miami, FL 33015
X Remove			
4) X Change	<u>s</u>	Claire Sibori	6760 Orchid Dr
Add			Miami Lakes, FL 33014
Remove	<u>P</u>	Barbara Zino	7879 NW 170th St
X Add			Hialeah, FL 33015
Remove	<u>T</u>	Maria Hadra	5351 SW 162 Ave
X Add			Davie, FL 33331
Remove		Page 2 of 4	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
7). ADD: Mayda Sarazola, 1534 W 77th Street, Hialeah FL 33016  Title: VP		

The date of each amend	diment(s) adoption:	_, if other than the
late this document was s		
effective date if applica		<del></del>
	(no more than 90 days after amendment file date)	
adoption of Amendme	nt(8) (CHECK ONE)	
The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
There are no memb adopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.	
Signature	7/3/14  By the chairman of the board, president or other officer-if directors	<del>-</del>
ļi	have not been selected by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Ba	rbara Zino	
Pre	(Typed or printed name of person signing) PSIGENT	
	(Title of person signing)	