# MIDDDDD4980

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#### **COVER LETTER**

Division of Corporations Science ] 1100000 4980 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigcup\$43.75 Filing Fee & \$\Bigcup\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) enclosed)

**Mailing Address** 

TO: Amendment Section

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

of	
Fl Math & Science Institution Truc:	
(Name of Corporation as currently filed with the Florida Dept. of State)	_
N11000004980	
(Document Number of Corporation (if known)	_
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	ie
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." <u>"Company" or "Co." may not be used in the name</u> .	ī
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	_
	<del>-</del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	معدر
	. L. ISIVIE
	á 発
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:	-2 P
Name of New Registered Agent:	SION OF CORPURATION
(Florida street address)	Q.)
New Registered Office Address:	
, Florida	
(City) (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	

HAMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officers/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)

Name

Address

1)

2)

4)

4)

4

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

5)\_\_\_\_

6)\_\_

Title(s)	Name	Title(s)	Name
1)		4)	
2)		5)	
3)		6)	

## E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

Said Organization is organized exclusively for charitable religious, educational, And Scientific purposes, including for such purposes the making of distributions to organizations that quality as exempt organizations under section 501(c)(3) of the Internal Revenue code, or corresponding section of any fiture code, tax code.

Lipon the dissolution of the organization, assets shall be distributed for one or more exempt our poses within the meaning of certion 501 (C)(3) of the Internal forware Code, or Corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local appernment, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common fless 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.

The date of each amendment(s) adoption: 1139 3011	
Effective date if applicable: (no more than 90 days after amendment)	île date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes was/were sufficient for approval.	cast for the amendment(s)
There are no members or members entitled to vote on the amendment(s). The adopted by the board of directors.	amendment(s) was/were
Dated Signature Pula Com	
(By the chairman or vice chairman of the board, president or have not been selected, by an incorporator – if in the hands other court appointed fiduciary by that fiduciary)	other officer-if directors of a receiver, trustee, or
(Typed or printed name of person signing)  (Title of person signing)	
(Title of person signing)	

Page 4 of 4