N12000001866

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(Address)				
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TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	The Miami Achiever	rs Parent Association	, Inc.	
NOCUMENT NUMBER: _	12000001866		-	
			-	
The enclosed Articles of Ame	ndment and fee are sub	mitted for filing.		
Please return all corresponder	ice concerning this matte	er to the following:		
Ametria Lee				
		(Name of Contact Po	erson)	
The Miami Achievers Parent	Association, Inc.			
		(Firm/ Company	·')	
P.O. Box 650652				
		(Address)		
Miami, Florida 33265-0652				
		(City/ State and Zip	Code)	
TMAPAINC@gmail.com				
E-r	nail address: (to be used	for future annual rep	ort notification	1)
For further information concer	ning this matter, please	call:		
Ametria Lee		at	786	375-1072
(1)	lame of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the fol	lowing amount made pa	yable to the Florida I	Department of	State:
S35 Filing Fee	3\$43.75 Filing Fee & (Certificate of Status	□S43.75 Filing Fee a Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Add	<u>Iress</u>	Str	eet Address	

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

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

Articles of Amendment to Articles of Incorporation of

The Miami Achievers Parent Association, Inc.

The Milanii Acinevets Fatein Association, the			
(Name of Corporation as currently filed with the Florida	Dept. of State)		
N12000001866			
(Document Numb	per of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following		
A. If amending name, enter the new name of the corpora	tion:		
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	ttion" or "incorporated" or the abbreviation "Corp." or "Inc."		
B. Enter new principal office address, if applicable:	Florida International University - MMC		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Center of Excellence Room GC 342		
	Miami, FL 33265-0652		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a			
Name of New Registered Agent:			
	(Florida street address)		
New Registered Office Address:	(Pioriau sireet aauress)		
	(City) , Florida (Zip Code)		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent:		
Si	ignature of New Registered Agent, 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	$\overline{\underline{V}}$ $\underline{\underline{N}}$	ohn Doe Mike Jones ally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change Add X Remove	<u>p</u>	Angelina Wright	8603 Franjo Road Cutler Bav FL 33189	
2) Change Add	<u>P</u>	Arnetria Lee	18820 NW 8 Avenue Miami, FL 33169	
Remove 3) Change Add Remove	Τ	Gersandre Ravmond		
4) Change Add	<u>T</u>	Stacv Rhodd	8462 SW 199 Street Cutter Bay, FL 33189	
 X Remove 5) X Change Add 	<u>s</u>	Cheryl Agenor	152 NW 77 Street Miami, Florida 33150	
Remove 6) Change Add × Remove	<u>T</u>	Cheryl Agenor	152 NW 77 Street Miami, Florida 33150	
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				

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	x			
		· -	-	
The date of each amendment(s) a date this document was signed.	doption:			, if other than the
Effective data if analy 11				
Effective date if applicable:	(no more than	90 days after amona	lment file date)	, <u></u>
Note: If the date inserted in this blo document's effective date on the Do	ock does not meet the epartment of State's re	applicable statutory cords.	filing requirements, this	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ON	<u>iE</u>)		

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					
	Dated Dated 2621					
	Signature (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)						
	Arnetria Lee					
	(Typed or printed name of person signing)					
	President					

(Title of person signing)

Florida Department of State Division of Corporations | Articles of Amendment

The Miami Achievers Parent Association Board

Type of Action	Title	Name	Address
Add	Historian	Martine Plantin	Martine Plantin
			7840 Coral Blvd.
			Miramar, FL 33023
Add	Corresponding	Megan Newman	10405 SW 226 Street
_	Secretary		Miami, FL 33190
Add	Assistant Treasurer	LaQuanda O'Neal	4753 NW 11 Avenue
			Miami, FL 33127