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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: PLATO ACADEMY PTO SEMINOIE INC
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Beth Gilbert (Name of Contact Person)
Plato Academy PTO Senivole INC.
10888 126H1 AUC
CARDO FC 33778 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Beth Gibert at (121) 452-3634 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment	
to	
Plato Academy PTO Seminole 11	KK
(Name of Corporation as currently filed with the Florida Dept. of State)	
N1200003000	
(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:	
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	7
new registered agent and/or the new registered office address:	<u> </u>
Name of New Registered Agent: Beth Gilbert	
10888 126 th Ave	可是
New Registered Office Address:	
<u> LARGO</u> , Florida 33778	
(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	

Page 1 of 4

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>Iones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>S</u> _	Anita Fowler	10888 126th Ave CARgo, FL 33728
2) Change Add Remove	<u>S</u> _	ERIN Wieder	11195 Regal 40 CALGO, FL 33774
3) Change Add Remove			
4) Change Add Remove		· <u></u>	
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·
	

	e date of each amendment(s) adoption: this document was signed.	_, if other than the
Effe	ective date <u>if applicable</u> :	_
	(no more than 90 days after amendment file date)	
Ado	option of Amendment(s) (CHECK ONE)	
风	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 7/14/14 Signature #801000 lab lan	
	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)	_
	(Typed or printed name of person signing)	
	TREasurer	
	(Title of person signing)	