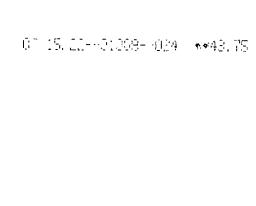
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	NTREE PREP CHARTER SCH	00L		
DOCUMENT NUMBER:				
The enclosed Articles of Amendment an	nd fee are submitted for filing.			
Please return all correspondence concern	ning this matter to the following	::		
MARIA A. ROMERO				
	(Name of Contac	t Person)	· · · · · · · · · · · · · · · · · · ·	
GREENTREE PREP CHARTER SCHO	OOL, INC			
	(Firm/ Comp	any)		
6301 SW 160TH AVENUE				
	(Address	)	-	
SOUTHWEST RANCHES, FL 33331				
	(City/ State and Z	Zip Code)		
MARIA@SUAREZ-BASTER.COM				1922 J.
E-mail addre	ss: (to be used for future annual	report notification	n)	<del></del> .
For further information concerning this	matter, please call:			. C1
MARIA A ROMERO		305	885-9846	· 골 승 ·
(Name of C	ontact Person)	(Area Code)	(Daytime Telephor	ie Number
Enclosed is a check for the following an	nount made payable to the Flori	da Department of	State:	
<del>-</del>	Filing Fee & \$\sum \$\\$43.75\$ Filing Fee of Status Certified Copy (Additional copenciosed)	Certifi oy is Certifi	Filing Fee cate of Status ed Copy tional Copy (sed)	
Mailing Address		Street 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

GREENTREE PREP CHARTER SCHOOL, INC

Name of Corporation as currently filed with the Flo	rida Dept. of State)	
N12000007248		
(Document	Number of Corporation (if known)	<del></del>
Pursuant to the provisions of section 617.1006, Florida (amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopt	ts the following
A. If amending name, enter the new name of the cor	poration:	
NON-APPLICABLE		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the abbreviation "Co	rp." or "Inc."
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDI</u>	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>	
		2022
O. If amending the registered agent and/or registered	ed office address in Florida, enter the name of the	
new registered agent and/or the new registered o	ffice address:	. 01
Name of New Registered Agent:		
		<del> బ</del> -
New Registered Office Address:	(Florida street address)	0
	, Florida	
	(City) (Zip Cod	e)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the posi	tion.
	Signature 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	PT         John I           V         Mike           SV         Sally	<u>Jones</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	<u>DIRECT</u>	DAMARY'S PERDIGON	750 NW 180TH TERRACE PEMBROKE PINES, FL 33029
x Remove			
2) Change Add	<u>DIRECT</u>	MABEL RIBE	750 NW 180TH TERRACE PEMBROKE PINES, FL 33029
Remove 3 ) Remove  X Add Remove	<u>DIRECT</u>	RICARDO RIBE	750 NW 180TH TERRACE PEMBROKE PINES, FL 33029
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add	<del></del>		
Remove			
E. If amending or add (attach additional she		ticles, enter change(s) here: (Be specific)	
		<u>-</u> .	
		<del> </del>	

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		<del>-</del> -	
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The date of each amendment(s) adoption: date this document was signed.	07/08/2022		, if other than the
Decretion data if applicable			
Effective date <u>if applicable</u> :	o more than 90 days after amena	lment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory t of State's records.	filing requirements, this date will no	t be listed as the
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.

here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were dopted by the board of directors.  Dated  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)
MARIA A ROMERO
(Typed or printed name of person signing)
TREASURER / REGISTERED AGENT
(Title of person signing)