N120000/0189

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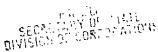
TO: Amendment Section **Division of Corporations**

PTO EAST N. NAME OF CORPORATION:	APLES MIDDLE SCHOOL PTO, INC.
N12000010189	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee an	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
LAURIE SZITTAI	
	(Name of Contact Person)
EAST NAPLES MIDDLE SCHOOL PTO	
	(Firm/ Company)
4100 ESTEY AVENUE	
	(Address)
NAPLES, FL 34104	
·	(City/ State and Zip Code)
ENMSPTO@HOTMAIL.COM	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter,	please call:
LAURIE SZITTAI	239 572-2690
(Name of Contact I	
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup\$\$43.75 Filing Fee Certificate of S	Fee & \$\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{
Mailing Address	Street Address

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

Amendment Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



15 APR 27 PH 12: 53 EAST NAPLES MIDDLE SCHOOL PTO, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N12000010189 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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 new registered agent and/or the new registered office address: LAURIE SZITTAI Name of New Registered Agent: **4100 ESTEY AVENUE** (Florida street address) New Registered Office Address: **NAPLES** Florida (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.

Page 1 of 4

gent, 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>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>s</u>	MEREDITH BREWER	4100 ESTEY AVENUE
XAdd			NAPLES, FL 34104
Remove			
2) Change	S	TERRY MASTANDREA	4100 ESTEY AVENUE
Add			NAPLES, FL 34104
X Remove	Т	TERRY MASTANDREA	4100 ESTEY AVENUE
3) Change			NAPLES, FL 34104
X Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
N/A	

, , , ,	APRIL 15, 2015	
The date of each amendment		if other than the
date this document was signe	d.	SECRITARY CORFORATIONS
,	APRIL 15, 2015	uivigit du Daurann
Effective date if applicable:	:	2. DH 12: 53
	(no more than 90 days	after amendment file date \$5 APR 27 PH 12: 53
		le statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/was/were sufficient for a		e number of votes cast for the amendment(s)
There are no members of adopted by the board of		endment(s). The amendment(s) was/were
Signature (By the		oard, president or other officer-if directors r - if in the hands of a receiver, trustee, or
	AURIE SZITTAI	•
_	(Typed or print	led name of person signing)
P	RESIDENT	
	(Tit	tle of person signing)