N12000010189

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COVER LETTER

TO: Amendment Section Division of Corporations			ļ
NAME OF CORPORATION:	Naples Middle School PTO, Inc		
DOCUMENT NUMBER:	0189		
The enclosed Articles of Amendment a	and fee are submitted for filing.		
Please return all correspondence concer	rning this matter to the followin	Ř:	
Jennifer Castillo			
	(Name of Conta	ct Person)	
East Naples Middle School PTO			!
	(Firm/ Com	ipany)	· · · · · · · · · · · · · · · · · · ·
2220 Buckingham Lane			
,, ,, , , , , , , , , , , , , , , , , 	(Addres	ss)	
Naples, FL 34112			ļ
	(City/ State and	Zip Code)	
jenniferccastillo@aol.com			
E-mail addr	ess: (to be used for future annua	al report notification)
For further information concerning this	matter, please call:		
Jennifer Castillo		239 at	253-6558
(Name of	Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following a	mount made payable to the Flor	ida Department of S	State:
	5 Filing Fee & S43.75 Filing cate of Status Certified Copy (Additional coenclosed)	y Certifi opy is Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231		Street Address Amendment Secti- Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	rations enter Circle

Articles of Amendment to Articles of Incorporation of

East Naples Middle School F	PTO,	Inc
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(Name of Corporation a	s currently filed with the Florida De	pt. of State)
N12000010189		
(Docume	nt Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florid imendment(s) to its Articles of Incorporation:	la Statutes, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the c	orporation:	The new
name must be distinguishable and contain the word Company" or "Co." may not be used in the name.	corporation" or "incorporated" or th	e abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicab Principal office address <u>MUST BE A STREET AD</u>		+
		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	DX)	2017 80
		23
D. If amending the registered agent and/or regist- new registered agent and/or the new registered		the name of the
Name of New Registered Agent:	NM	
New Registered Office Address:	(Florida sir	eet address)
_		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.		igations of the position.
_	Signature of New Registered A	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>Mike</u>	Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	Nicole Angelo	
Add X Remove			
2) Change	<u>S</u>	Meredith Brewer	
Add X Remove			
3) Change	P	Stephanie Irish	4100 Estey Ave
X Add			Naples, FL 34104
Remove			
4) Change	<u>v</u>	Sharlene Hefner	4100 Estey Ave
X Add			Naples, FL 34104
Remove			
5) Change	S	Tina Bennett	4100 Estey Ave
X Add			Naples, FL 34104
Remove			
6) Change			
Add			1
Remove			

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

	10/19/2017	
The date of each amendment date this document was signed.		, if other than the
Effective date if applicable:	10/19/2017	
Effective date if applicable.	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/w was/were sufficient for ap	rere adopted by the members and the number of votes cast for the amendment(s) oproval.	
There are no members or adopted by the board of c	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated	/2017	
Signature	enneles abult	_
have r	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
Jer	nnifer Castillo	
_	(Typed or printed name of person signing)	
Tro	easurer	
	(Title of person signing)	