N13000008765

(F	Requestor's Name)	
	Address)	
(<i>F</i>	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions t	o Filing Officer:	

Office Use Only



400374616684

10/08/21--01017--017 **35.00

021 GCT -8 PH I2: 30

1))(//

OCT 1 7 2021 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

The Classical Acaden	ny of Sarasota		
NAME OF CORPORATION:			
N13000008765			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	itted for filing.		
Please return all correspondence concerning this matter Edward Lynch	to the following:		
	Name of Contact Per	rson)	
The Classical Academy of Sarasota		·	
7.	(Firm/ Company))	
8751 Fruitville Rd			
	(Address)		
Sarasota, FL 34240			
(City/ State and Zip C	Code)	
lynch.ted@gmail.com			
E-mail address: (to be used	for future annual repo	ort notification	n)
For further information concerning this matter, please of	call:		
Edward Lynch		239	293-3396
	at _		(Daytime Telephone Number)
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	vable to the Florida D	epartment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & E Certificate of Status	IS43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee icate of Status led Copy ional Copy is sed)
Mailing Address		eet Address	
Amendment Section Division of Corporations		endment Secti ision of Corpo	
izitiation of Corporations	1511	.c.c. or corpe	11.4

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

The Classical Academy of Sarasota

(Name of Corporation as currently filed with the Florid	la Dept. of State)	
N13000008765	· · · · · · · · · · · · · · · · · · ·	
(Document Nu	mber of Corporation (if ki	nown)
Pursuant to the provisions of section 617.1006. Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
name must be distinguishable and contain the word "corpo	oration" or "incornorated	The new
"Company" or "Co." may not be used in the name.	num nemportate	which down contains a coop. or me.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	SS)	
	 ,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		T-8 PH 12: 30
		——————————————————————————————————————
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office		
Name of New Registered Agent:		
New Registered Office Address:	(FI	orida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: familiar with and accept	the obligations of the position.
	Signature of New Registo	ered 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 Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	Mr.	Josh Longenecker	13547 Wild Citrus Sarasota, FL 34240
X Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add	<u>.</u>		
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
			·

	-
	,
	·
The date of each amendment(s) adoption:	if other than the
date this document was signed.	If other than the
date and document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> : (no more than 90 days after am	endment file date)
Note: If the date inserted in this block does not meet the applicable statute	ory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.					
	09/29/21					
	Signature Au A					
	(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)					
Edward Lynch						
	(Typed or printed name of person sign	ning)				
	Board Member					
	(Title of person signing)					