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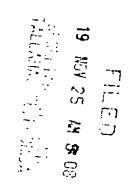
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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

Division of Corporations

P.O. Box 6327 Taliahassee, FL 32314

VIERA CH Name of Corporation:	ARTER SCHOOL PI	SO, INC		
NE3000011267 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fed				
Please return all correspondence concerning	this matter to the follo	wing:		
JENNIFER LEBRUN				
	(Name of Co	ontact Person)		
VIERA CHARTER SCHOOL				
·	(Finn/ C	Company)		
6206 BRESLEY DRIVE				
	(Ad	dress)		
VIERA, FL 32940				
	(City/ State a	and Zip Code)		
VCSPTSO.TREASURER@GMAIL.COM				
E-mail address: (t	o be used for future ar	mual report notific	ation)	
For further information concerning this matte	er, please call:			
JENNIFER LEBRUN		919 at	645-8754	
(Name of Contac	et Person)		de) (Daytime Telepho	ne Number)
Enclosed is a check for the following amount	made payable to the l	Florida Departmen	t of State:	
■ \$35 Filing Fee □\$43.75 Filin Certificate o		Copy Copy is Copy is Copy	52.50 Filing Fee ertificate of Status ertified Copy Additional Copy is Enclosed)	
Mailing Address Amendment Section		Street Addr. Amendment		

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

VIERA CHARTER SCHOOL PTSO, INC				
(Name of Corporation	as curre	ntly filed with the Florida Dept. o	of State)	
N13000011267				
(Docum	nent Nurr	nber of Corporation (if known)		
Pursuant to the provisions of section 617,1006, Floramendment(s) to its Articles of Incorporation:	rida Statu	ntes, this <i>Florida Not For Profit Co</i>	rporation adopts the f	ollowing
A. If amending name, enter the new name of the	corpora	ntion:		
NA				The new
name must be distinguishable and contain the word		ation" or "incorporated" or the ab	breviation "Corp." o	r "Inc."
"Company" or "Co." may not be used in the name  B. Enter new principal office address, if applica	_	NA		
(Principal office address <u>MUST BE A STREET A</u>		<u>`</u> )		
			>	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE A	BOX)	6206 BRESLAY DRIVE		
		VIERA, FL 32940	<u></u>	
				<b>73</b>
		- · · · ·	<b>*</b>	ক্তি
D. If amending the registered agent and/or registered agent and/or the new register			name of the	
		ER SIZEMORE		
Name of New Registered Agent:			<del></del>	
	6206 BK	RESLAY DRIVE		
New Registered Office Address:		(Florida street ad	ldress)	
<del>-</del>	VIERA		32940	
		(City)	, Florida <u>32940</u> ( <i>Zip Code</i> )	<del></del>
		·	(13)	
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen			ious of the position	
increes accept the apprintment as registered agen	i. i am j	· / A	ions of the position.	
_	(len	Mild Stay Volt Signature of New Registered Agent		
		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 Doe Y Mike Jones SV Sally Smith	
Type of Action (Check One)	Title Name	Address
1) Change Add Remove	Corresponding Steretary	
2) Change	Stephanie Groves	6206 BRESLAY DRIVE
X Add Remove	Corresponding Secretary	VIERA, FL 32940
3 ) Change	Fundraising Coordinator	<del></del>
X Remove	Today of the second of the sec	
4) Change	Norma Negron	6206 BRESLAY DRIVE
X Add Remove	fundraising Coordinator	VIERA, FL 32940
5) Change	Becky Hart	
Add X Remove	Volunteer Coordinator	
6) Change	Samantha Ashley Smith	6206 BRESLAY DRIVE
X Add	Volunteer Coordinator	VIERA, FL 32940
Remove		

## 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 <math>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>Jones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>V</u>	Michael Garvey	6206 BRESLAY DRIVE
X Add			VIERA, FL 32940
Remove			<del></del>
2) Change			
Add			
Remove			
3 ) Change			<del></del>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Article (attach additional sheets, if necessary).</u>	cles, enter change(s) here: (Be specific)	
NA		
	<u> </u>	
<u> </u>		

June 1, 2019	
The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
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 October 14, 2019	
Signature Jenny Stara	
(B) the charman 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)	
Jennifer Sizemore	
(Typed or printed name of person signing)	
President	
(Title of person signing)	