N14000007975

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A. BUHEV 10/6/21

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

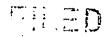
OSCEOLA ELEMENTARY NAME OF CORPORATION:	PTO INC
N14000007975 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
CATHERINE TEDONE NEWMAN	
(Name o	of Contact Person)
OSCEOLA ELEMENTARY PTO INC	
(Fir	m/ Company)
1605 OSCEOLA ELEMENTARY RD	
	(Address)
ST AUGUSTINE, FL 32084	
(City/ S	tate and Zip Code)
osceolapto@gmail.com	
E-mail address: (to be used for futu	re annual report notification)
For further information concerning this matter, please call:	
CATHERINE TEDONE NEWMAN	904 547-3780
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to	the Florida Department of State:
■ S35 Filing Fee □S43.75 Filing Fee & □S43.7 Certificate of Status Certificate of Status (Addienclo	ied Copy Certificate of Status tional copy is Certified Copy
Mailing Address Amendment Section	Street Address Amendment Section
Amendment Section Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of



OSCEOLA ELEMENTARY PTO INC

(Name of Corporation as currently filed with the Florida Dept. of State)	7071 2FL 55	Pft 12: 38
N14000007975	- ,	' TE STAYE
(Document Number of Corporation (if known)	<u> </u>	JEE, FL
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Proj</i> umendment(s) to its Articles of Incorporation:	it Corporation adop	ots the followir
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation" or "incorporated" or t	ha abboniation "Co	The nev
"Company" or "Co." may not be used in the name.	ne appreviation Co	rp, or inc.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		
C. Enter new mailing address, if applicable:		
(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:		
Name of New Registered Agent:		
(Florida st New Registered Office Address:	reet address)	
New Registered Office Address.		
(City)	, Florida (Zip Cod	
	(=4: =:==	7
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the ob-	ligations of the posi	tion.
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	PT John Do V Mike Jo SV Sally St	ones .	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>SEC</u>	Jessica Wolfe	1605 Osceola Elementary Rd. St. Augustine, FL 32084
x Remove			
2) Change Add	SEC	Danielle Waler	1605 Osceola Elementary Rd. St. Augustine, FL 32084
Remove 3) Remove Add x Remove	TREAS	Paula Romero	1605 Osceola Elementary Rd. St. Augustine, FL 32084
4) Change x Add	TREAS	Paula Rivera	1605 Osceola Elementary Rd. St. Augustine, FL 32084
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		<u>cles, enter change(s) here</u> : (Be specific)	
	· · · · · · · · · · · · · · · · · · ·		

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	Sentember 7, 2021	
The date of each amendment(s) adoption	on: September 7, 2021	, if other than the
date this document was signed.		
Effective days if === Perking		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 70 days after amenament file date)	
Note: If the date inserted in this block do	oes not meet the applicable statutory filing requirements, this date will	not be listed as the
document's effective date on the Departm	nent of State's records.	
,		
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.

	mbers or members entitled to vote on the amendment(s). The amendment(s) was/were loard of directors.
Dated	September 16, 2021
Signatu	(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)
	Catherine Tedone Newman
	(Typed or printed name of person signing)
	VP & Registered Agent
	(Title of person signing)

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