## N14000008247

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(RM) 10-7-14

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corporations			
PEMBROKE PINES CHA	ARTER MIDDLE SCHOOL AT AC	ADEMIÇ VILLAGE PTA INCO	RPORATED
DOCUMENT NUMBER: N1400008	247		
The enclosed Articles of Amendment and fee are subr	mitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
Mar	rio B. Costa		
	(Name of Contact Person)		
PEMBROKE PINES CHARTER MIDDLE SCH	OOL AT ACADEMIC VIL	LAGE PTA INCORP	ORATED
	(Firm/ Company)		
1500 SW 98TH Avenue			
	(Address)		SECRITIVES TALLARISE
Pembroke F	Pines, FL 330	25	STEL FLORIO
	(City/ State and Zip Code)		E) 0
	o@mymvp.co		RIF
	for future annual report not	ification)	
For further information concerning this matter, please	call:		
Mario B. Costa	<sub>at</sub> 305	978-1621 & Daytime Telephone	
(Name of Contact Person)	(Area Code	& Daytime Telephone	Number)
Enclosed is a check for the following amount made page	yable to the Florida Departn	nent of State:	
■ \$35 Filing Fee		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	Division o Clifton Bu	ent Section of Corporations	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

PEMBROKE PINES CHARTER MIDDLE SCHOOL AT ACADEMIC VILLAGE PTA INCORPORATED

(Name of Corporation as currently filed with the F	lorida Dent. of State)	
N1400008	<u> </u>	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ates, this Florida Not For Profit Corporation adopts the following	
A. If amending name, enter the new name of the corpora		
PEMBROKE PINES CHARTER MIDDLE SCHOOL A	AT ACADEMIC VILLAGE PTSA INCORPORATED The new	
	ration" or "incorporated" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>\$</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A PS	<b>1</b> :
		, 16°
D. If amending the registered agent and/or registered of	fice address in Florida, enter the name of the	1
new registered agent and/or the new registered office	fice address in Florida, enter the name of the address:	'n,
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	FL. 14	
(City	, Florida ν) (Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	ed Agent:	
Signature of New	w 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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>nes</u>		TATURA PAR
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address	T PH 3: 08
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Remove					
6) Change		_			
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Remove					

If amending or adding additional Articles, enter (attach additional sheets, if necessary). (Be special additional sheets)	ific)			
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	date of each amendment this document was signed		, if other than the		
Effective date if applicable: 9/4/2014					
	ective date <u>ir appreasie</u> .	(no more than 90 days after amendment file date)			
Ada	option of Amendment(s)	( <u>CHECK ONE</u> )			
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(sproval.	s)		
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.			
	Dated <u>10/</u>	1/2014			
	Signature	many Cast			
	. •	chairman or vice chairman of the board, president or other officer-if directors	,		
		ot been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)			
		Mario B. Costa			
		(Typed or printed name of person signing)			
		President			
		(Title of person signing)	SECRETARY SECRETARY		