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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	RTER MIDDLE SCHOOL AT	ACADEMIC VILLAGE PTSA INCOR	PORATED
DOCUMENT NUMBER: N1400008	247		14 06 SECT. ALL 4
The enclosed Articles of Amendment and fee are subm	nitted for filing.		SS. I
Please return all correspondence concerning this matter	r to the following:		The I
Ma	ario B. Cos	sta	URGE STATE
	(Name of Contact Pers	on)	,.>
PEMBROKE PINES CHARTER MIDDLE	SCHOOL AT ACADE	MIC VILLAGE PTSA INCORPO	ORATED
	(Firm/ Company)	<u> </u>	
17195	Sheridan	Street	
	(Address)		
Pembrok	ke Pines, F	FL 33331	
	(City/ State and Zip Co	de)	
mai	rio@mymv	p.cc	
E-mail address: (to be used	for future annual repor	t notification)	-
For further information concerning this matter, please of	call:		
Mario B. Costa	_{at} 305	978-1621	
(Name of Contact Person)		Code & Daytime Telephone N	umber)
Enclosed is a check for the following amount made pay	able to the Florida De	partment of State:	
■ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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	Amer Divis Clifto 2661	et Address Indment Section It ion of Corporations In Building Executive Center Circle Industrial Executive Center	

Articles of Amendment to Articles of Incorporation of

PEMBROKE PINES CHARTER MIDDLE SCHOOL AT ACADEMIC VILLAGE PTSA INCORPORATED

(Name of Corporation as currently	y filed with the Flor N140000		
(Doct	ıment Number of Co	rporation (if known)	
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporate	006, Florida Statute	s, this Florida Not For Profit Corpor	ation adopts the following
A. If amending name, enter the new na	me of the corporation	on:	
N/A			The new
name must be distinguishable and contain "Company" or "Co." may not be used in		ion" or "incorporated" or the abbrev	
B. Enter new principal office address, i	f applicable:	17195 Sheridan Stree	t
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		Pembroke Pines, FL	33331
C. Enter new mailing address, if applic		17195 Sheridan Stree	.+
(Mailing address <u>MAY BE A POST O</u>	OFFICE BOX)	Pembroke Pines, FL	<u> </u>
D. If amending the registered agent and new registered agent and/or the new			e of the
Name of New Registered Agent:	N/A		
	1500 SW 98	8th Avenue	意志
New Registered Office Address:		Florida street address)	3 3 3
	Pembroke F	Pines , Florida	33025
	(City)		(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			of the position.
	Signature of New I	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>V</u> <u>Mi</u>	on Doe ke Jones ly Smith	14 00T 28 SECTO 1557 ALL 72 1557
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address SS TO TO
1) X Change	Р	Mario B. Costa	17195 Sheridan Street
Add			Pembroke Pines, FL 33331
Remove 2) Change	VP	Jennifer Diaz	17195 Sheridan Street
Add			Pembroke Pines, FL 33331
X Remove	VP	Mary Benitez	17195 Sheridan Street
X Add			Pembroke Pines, FL 33331
4) Change	<u>s</u>	Denise Lasarte	17195 Sheridan Street
X Add			Pembroke Pines, FL 33331
Remove 5) Change	<u>T</u>	Joan Garrido	17195 Sheridan Street
X Add			Pembroke Pines, FL 33331
6) Change			
Add	 		
Remove			

E. <u>If amending or adding additional Articles, enter change(s) here</u> : (attach additional sheets, if necessary). (Be specific)	
(anach adamonal sneets, if necessary). (Be specific)	
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N/A	
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	e date of each amendment(s) adoption: 09/04/2014 e this document was signed.	, if other than the
	ective date if applicable: 09/04/2014	
	(no more than 90 days after amendment file date)	-
Ado	option 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.	
	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 10/23/2014 Signature Manie Control Signature	;
	(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)	72
	Mario B. Costa	± 30
	(Typed or printed name of person signing) President	

(Title of person signing)