NI4 000009707

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700368279817



08/16/21--01008--006 **35.00

2027 JUN 16 PH 1: 32

JUL 1 9 2021

A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

AUDUBON ELEMENAME OF CORPORATION:	NTARY PTO, INC.	
N14000009707		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are sub-	nitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
HEATHER ANN FORCE		
	(Name of Contact Person)	· -
AUDUBON ELEMENTARY PTO, INC.		
	(Firm/ Company)	
1201 NORTH BANANA RIVER DRIVE		
	(Address)	
MERRITT ISLAND, FL 32952		
	City/ State and Zip Code)	
AUDUBONPTO@YAHOO.COM		
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please	call:	
HEATHER FORCE	856 630-691	2
(Name of Contact Person		Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department 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 Fe Certificate of Sta Certified Copy (Additional Copy Enclosed)	itus
Mailing Address	Street Address	

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

AUDUBON ELEMENTARY PTO, INC

2027 JUN 16 PM 1: 32

(Name of Corporation as currently filed with th	e Florida Dept. of State)	3000
N14000009707		TAL ARY OF STATE
(Doeur	nent Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not For Pro</i>	fit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		he abbreviation "Corp." or "Inc."
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
D. If amending the registered agent and/or reginew registered agent and/or the new register		the name of the
Name of New Registered Agent:		
	1201 NORTH BANANA RIVER DR	treet address)
New Registered Office Address:	•	rees cauressy
	MERRITT ISLAND	. Florida 32952
	(City)	Florida 32952 (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		bligations of the position.
-	Mathee For	<u> </u>
	Signature of New Registered z	igent, 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 <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 De V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) × Change Add	<u>v</u>	STANEK, ANGIE	220 MILFORD POINT DR. MERRITT ISLAND, FL 32952
Remove			
2) × Change Add	<u>T</u>	FORCE, HEATHER	1570 BELLA CASA COURT MERRITT ISLAND FL 32952
Remove	COVP	MCKEE, LISA	1485 BELLA CASA COURT MERRITT ISLAND FL 32952
4) Change Add	<u>T</u>	DEMETER, JENNY	835 MONTEGO BAY DR S MERRITT ISLAND FL 32952
× Remove			
5) Change Add	<u>s</u>	PHILLIPP, ASHLEY	1955 EAST PHILLIPS COURT MERRITT ISLAND FL 32952
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	

•		
		- -
		
		
		_
		
		_
		
		
		_
		_
		
		
		
		_
The data of such assessments (desait	20 AL	on those the
ine date of each amendment(s) adoption	on:, if oth	or man the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do	ies 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)	
poor or remembers(o)	Name of the state	

 \blacksquare The amendment(s) was/were adopted by the members and the number of votes east 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 <u>U-14-2021</u>
Signature Mathle Force
(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)
HEATHER FORCE
(Typed or printed name of person signing)
TREASURER

(Title of person signing)