N14000010404

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

TO: Amendment Section **Division of Corporations**

| NAME OF CORPORATION: | on Classical Academy PTCA | , Inc | |
|--|---|--|--|
| DOCUMENT NUMBER: | 10404 | | _ |
| The enclosed Articles of Amendment | and fee are submitted for fili | ng. | |
| Please return all correspondence conc | erning this matter to the follo | wing: | |
| Juliette Bloom Lysiak | | | |
| | (Name of Co | ontact Person) | |
| Mason Classical Academy PTCA | | | |
| | (Firm/ (| `ompany) | |
| 3073 S Horseshoe Drive, Ste 104 | | | |
| | (Add | dress) | |
| Naples, Fl. 34104 | | | |
| *************************************** | (C : y/ State a | and Zip Code) | |
| juliettelysiak@live.com | | | |
| E-mail add | ress: (to be used for future an | nual report notificatio | n) |
| For further information concerning this | s matter, please call. | | |
| Juliette Lysiak | | 239 | 249-0379 |
| (Name of | Contact Person) | | (Daytime Telephone Number) |
| linclosed is a check for the following a | imount made payable to the l | lorida Department of | State: |
| | 5 Filing Fee & \$\sum \text{\$\subset\$\$543.75 Files (Additional conclosed)} | Copy Certification Copy is Certification Certification Certification Certification Certification Copy is Certification Copy in Certification Copy in Certification Copy is Certification Copy in Certification Copy in Certification Copy is Certification Copy in Certification Copy in Certification Copy is Certification Copy in Certification Copy in Certification Copy in Certification Certificati | 0 Filing Fee ficate of Status fied Copy tional Copy is osed) |

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED SECRETARY OF STALE DIVISION OF CORPORATIONS

Articles of Amendment to Articles of Incorporation of

15 JUN 22 PM 3: 31

| (Name of Corporation | as cufren | tly filed with the Florida Dep | t. of State) |
|--|----------------------------------|--|----------------------------------|
| N14000010404 | | | |
| (Docum | nent Numb | er of Corporation (if known) | |
| Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation: | rida Statute | es, this <i>Florida Not For Profit</i> | Corporation adopts the following |
| A. If amending name, enter the new name of th | e corporati | ion: | |
| N /A | | | The new |
| name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam | | tion" or "incorporated" or the | abbreviation "Corp." or "Inc." |
| | | N/A | |
| B. Enter new principal office address, if applicate Principal office address MUST BE A STREET A | | | |
| Trincipul office address stop 1 mm A winding | | , | |
| | | | |
| | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | ROX) | N/A | |
| manng wants marriage and the same and the sa | 2011 | | |
| | | | |
| | | | |
| D. If amending the registered agent and/or regi | istered offic | ce address in Florida, enter t | he name of the |
| new registered agent and/or the new registe | | | |
| Name of New Registered Agent: | Juliette L | ysiak | |
| | 3073 5 Horseshoe Drive Suite 104 | | |
| - | | (Florida sire | ret address) |
| New Registered Office Address | : | | 21104 |
| | Naples | | , Florida 34104 |
| | | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered age | Registered nt Lamfa | Agent: miliar with and accept the obli | gations of the position |
| | | lutte Lusi | ale. |
| | -740 | ignature of New Registered Ag | rent, if changing |

Page 1 of 4

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>Mike</u> | Doc Jones Smith | |
|----------------------------------|----------------------|-----------------------|------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> . | <u>Addres</u> s |
| X Change | P | Juliette Lysiak | 3073 S Horseshoe Dr |
| Add | | | Suite 104 |
| Remove | | , | Naples, FL 34104 |
| 2) X Change | <u>v</u> | Kimberly Davey | 3073 S Horseshoe Dr |
| Add | | | Suite 104 |
| Remove | | | Naples, FL 34104 |
| 3) Change | ST | Kristin Campos | 3073 S Horseshoe Dr |
| X Add | | , | Suite 104 |
| Remove | | | Naples, FL 34104 |
| 4) 🔘 Change | D | Leandra Wilson | 3073 S Horseshoe Dr |
| Add | | | Suite 104 |
| Remove | | ; ; | Naples, FI. 34104 |
| 5) Change | T_ | Michelle Rosato | 3073 S Horseshoe Drive |
| Add | | | Suite 104 |
| x Remove | | | Naples, FL 34104 |
| | | | |
| 6)Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | | | | |
|---|--|--|--|--|
| Amending Article III: | | | | |
| Please add as the second paragraph of Article III: Said organization is organized exclusively for educational purposes. | | | | |
| including, for such purposes, the making of distributions to organizations that qualify as exempt organizations described | | | | |
| under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. | | | | |
| Adding Article IX: | | | | |
| Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of | | | | |
| Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be | | | | |
| distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed | | | | |
| of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the organization | | | | |
| is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which | | | | |
| are organized and operated exclusively for such purposes | | | | |
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| The date of each amendment(s) adopt | June 18, 2015 | SECRETARY OF SIALL SECRETARY OF SIALL NIVER OF CORPORATIONS |
|--|---|---|
| date this document was signed. | | 15 JUN 22 PM 3: 31 |
| Effective date if applicable: | (10 m m m d | 15 JUN 22 1.1 |
| | (no more than 90 days after amend | iment file date) |
| Note: If the date inserted in this block document's effective date on the Depart | | filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adopte was/were sufficient for approval. | ed by the members and the number of | votes cast for the amendment(s) |
| There are no members or members adopted by the board of directors. | entitled to vote on the amendment(s). | The amendment(s) was/were |
| Dated 6 18 1 | 5 | |
| Signature Juli | te Lysiak | |
| have not been se | or vice chairindn of the board, presidelected, by an incorporator – if in the linted fiduciary) | |
| Jul | iette Lysiak (Typed or printed name of | marcay alaying |
| | (1 yped of printed name of | person signing) |
| Pres | sident | |
| | (Title of persor | signing) |