Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000247253 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

				<u></u>
Ta:			; · -	
	Division of Cor	rporations	<u>. </u>	~ .
	Fax Number	: (850)617-6380	4,7	
		(,		Ç
From:			5 - 1	*.
From:		PARTE WASK PERSON A METER OF I		۲.,
		: RASCO KLOCK PEREZ & NIETO, P.L.		
	Account Number	: 104076000124	• • • • • • • • • • • • • • • • • • • •	
	Phone	: (305)476-7100	;'	-
	Fax Number	: (305)476-7102	Ç1 * 1	7.
		. ()	23 1	•
				•
		s for this business entity to be used for fu .ngs. Enter only one email address please.**	iture	
	il Address:	msov@rascoklock.com		

COR AMND/RESTATE/CORRECT OR O/D RESIGN THE MANDELSTAM SCHOOL PARENT ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

AUG 2 1 2019

S. YOUNG

2019 AUS 20

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Man	delstam School Pa	rent Ass	sociation, Inc.
DOCUMENT NUMBER: N14000011308			
The enclosed Articles of Amendment and fee are subm	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
Alexa Marino			
	Name of Contact Person	1)	
The Mandelsta	m School Parent T	eacher /	Association, Inc.
	(Firm/ Company)		
8350 SW 57th Avenue	•		
	(Address)		- ·-
South Miami, FL 3	3143		
	City/ State and Zip Code	c)	
alexamarino	@me.com		
E-mail address: (to be used	for future annual report i	iotification)
For further information concerning this matter, please of	:all:		
Alexa Marino	ar.	310	804-5274
(Name of Contact Person)	at at (Ar	ca Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	vable to the Florida Depa	irtment of S	State:
X \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Centified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee icate of Status ied Copy tional Copy is used)
Mailing Address		Address	
Amendment Section Division of Corporations		lment Secti	

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

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

Articles of Amendment Articles of Incorporation

The Mandelstam School Parent Association, Inc.

(Name of Corporation as cu	rrently filed with the Florida Dept, of State)		
N14	4000011308		
(Document N	lumber of Corporation (if known)		
Pursuant to the provisions of section 617,1006, Florida Simendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not For Profit Corporation</i> adop	ts the follo	wing
A. If amending name, enter the new name of the corp	oration:		
		The	new:
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR		orp," or "h	nc."
Trincipal office address sicos DE it Street ingen			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			Ċ
		\$1. F	<u>:</u>
		<u> </u>	V.
		17	ζ.)
D. If amending the registered agent and/or registered	office address in Florida, enter the name of the		77:
new registered agent and/or the new registered of		Ċ.	7
Name of New Registered Agent:		<u> </u>	ζ
		- - -	+
	(Florido street address)		
New Registered Office Address:			
	, Florida		
	(City) (Zip Coc	le)	
New Registered Agent's Signature, if changing Regist	eryd Agent		
I hereby accept the appointment as registered agent. I c	un familiar with and accept the obligations of the pos	ition.	
	Signature of New 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 affice 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 D V Mike Jo SV Şally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
F) Change	VP	Mercedes Aniz	8530 S.W. 57TH AVE.
Add			SOUTH MIAMI, FL 33143
Remove 2) Change	т	Georgia Kipp	8530 S.W. 57TH AVE.
Add			SOUTH MIAMI, FL 33143
X Remove	. Р ——	Kent Hercules	8530 S.W. 57TH AVE.
Add X Remove			SOUTH MIAMI, FL 33143
4) Change	_ P	Alexa Marino	8530 S.W. 57TH AVE.
X Add			SOUTH MIAMI, FL 33143
Remove	T	Elizabeth Birdsall	8530 S.W. 57TH AVE.
			SOUTH MIAMI, FL 33143
Remove 6)Change	VP	Kassia Matheson	8530 S.W. 57TH AVE.
X Add			SOUTH MIAMI, FL 33143
Kemove		Page 2 of 4	

 If amending or adding additional Art (attach additional sheets, if necessary). 	(Be specifie)	zets) nere:			
Canales decisions succes, if seccessory,	(tre specific)				
					
				··	
=					
<u> </u>					
• •					
	· <u>.</u> ·				
					
			-		
					
			<u> </u>		
					

The date of each amendment(s) adoption:			, if other than the	
date	this document was signed.			
Eff	ective date <u>if applicable</u> :			
		(no more than 90 days after amendment file date)		
	e: If the date inserted in this blo- ument's effective date on the Dep	k does not meet the applicable statutory filing requirements, this date will artment of State's records.	I not be listed as the	
Add	option of Amendment(s)	(CHECK ONE)		
X	The amendment(s) was/were adwas/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s)		
	There are no members or members adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.		
	Dated	ugust 19, 2019		
	Signature			
	(By the chair have not bee	man or vice chairman wife board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)		
		Alexa Marino		
		(Typed or printed name of person signing)		
		President		
		(Title of person signing)		