N15000000818

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COVER LETTER

Division of Corporations NAME OF CORPORATION: N15000000 818 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jonathan Drummond
(Name of Contact Person) STB Leadership Academy NW /83s+ (Address) Miami Gardens, FL 33/69 (City/ State and Zip Code) For further information concerning this matter, please call: (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

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

Articles of Amendment to

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DIVISION		1,4	Ç.	· (,) :	137	(1 ± · · ·
DIAL						

	Articles of Incorporation	DIVISION OF CLATERY ITS
STO Lea (Name of Corporation	of Academy as currently filed with the Florida	LAC 15 NOV 16 AM 8: 54
	1500000 818 ment Number of Corporation (if know	m)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For Pr	rofit Corporation adopts the following
A. If amending name, enter the new name of the A.T. A.P. Acade my name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	In C d "corporation" or "incorporated" o	The new
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>)	
D. If amending the registered agent and/or reginew registered agent and/or the new register		er the name of the
Name of New Registered Agent:		
New Registered Office Address:	·	a street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: at. I am familiar with and accept the	obligations of the position.
_	Signature of New Registere	d Agant 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>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>D</u>	Michael Tunsil	6000 N.W. 9th Are Minni, Fl 33/27
2) Change Add	D	Patrick Burrows	14864 SW 176" Street Miami, FL 33187
Remove 3) Change Add Remove	<u>Ŋ</u>	Gregory Spotts	601 N.E. 36 ST #903 Miami, FL 33137
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
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The date of each amendment(s) ac	loption:	, if other than the
late this document was signed.		DIVISION OF CORPERATIONS
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	15 NOV 16 AH 8: 54
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirement partment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac was/were sufficient for approve	dopted by the members and the number of votes cast for the	amendment(s)
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment ors.	(s) was/were
Dated	/30/2015	
Signature	Axl1	
have not be	man or vice chairman of the board, president or other officen selected, by an incorporator — if in the hands of a receive appointed fiduciary by that fiduciary)	
	Jonathan Drummond	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	