## N1600000 6731

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	ry School
N16000006731 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
Donna Diehl	
	(Name of Contact Person)
Hochberg Preparatory School, Inc.	
	(Firm/ Company)
412 SW 11th Street	
	(Address)
Hallandale, FL 33009	
	(City/ State and Zip Code)
ddiehl@posnackschool.org	
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please	e call:
Dena Decker	954-294-9896 at
(Name of Contact Person	
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address Amendment Section
Amendment Section Division of Corporations	Amendment Section  Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

Hochberg Preparatory School, Inc.

Name of Corporation as currently filed with the Flo	orida Dept. of State)
N16000006731	
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	rperation:
	The new
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	orporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	
C. Enter new mailing address, if applicable:	7020
(Mailing address MAY BE A POST OFFICE BOX	<u>Y</u> )
	<u></u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	ed office address in Florida, enter the name of the office address:
Name of New Registered Agent;	
New Registered Office Address:	(Florida street address)
<u>. — </u>	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered accept the appointment as registered agent. I	istered Agent: I am familiar with and accept the obligations of the position.
	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 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	$\overline{\underline{V}}$ $\underline{\underline{M}}$	hn Doe ike Jones illy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) × Change Add	<u>P</u>	Dr. Marla Cotzen	1721 NE 198th Terrace Miami, FL 33179
Remove			
2) Change Add	<u>P</u>	Sharon Kaplan	2065 NE 204th Street Miami, FL 33179
Name			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee		d Articles, enter change(s) here: ary). (Be specific)	

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The date of each amendment(s) a date this document was signed.	adoption:	)	<u></u>			_, if other than the
Effective date <u>if applicable</u> : Jul	y 1, 2020	D(1 d 6	amandaras 61.	datal		
No. of the control of the second			amendment file		date will not i	be listed as the
Note: If the date inserted in this b document's effective date on the E	lock does not meet the Department of State's r	applicable sta ecords.	natory ming fee	quirements, uns	THE WIN HOL	Do Incom the title
Adoption of Amendment(s)	(CHECK O	<u>NE</u> )				
■ The amendment(s) was/were	adopted by the member	ers and the nui	mber of votes ea	ast for the amend	dment(s)	

was/were sufficient for approval.

	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
	Dated	07.08.2020
	Signature	: 12M.
Signal	Mg/midre	(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)
		Dr. Marla Cotzen
		(Typed or printed name of person signing)
		President.

(Title of person signing)