N1700000 9519

	
(Requestor's	s Name)
(Address)	
(Address)	
(Address)	
(City/State/Z	lip/Phone #)
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(Business E	ntity Name)
(Document	Number)
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OCT 21 2020 I ALBRITTON

COVERLETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

THE ABOITE ACADE NAME OF CORPORATION:	MY CORPORATIO)>		
N17000009519 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitt	ed for filing.			
Please return all correspondence concerning this matter to	-			
PAULETTE SAINTVIL				
(N	ame of Contact Pers	on)		_
THE ABOUTE ACADEMY CORPORATION				
	(Firm/ Company)			-
2106 N DIXIE HWY				
	(Address)			-
HOLLYWOOD, FL 33020				
(C)	ity/ State and Zip Co	ode)		-
AHPORTANI@BELLSOUTH.NET				
E-mail address: (to be used to	r future annual repor	rt notification	1)	-
For further information concerning this matter, please cal	1:			
PAULETTE SAINTVII.	at	786	351-4597	
(Name of Contact Person)		Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount made payal	ale to the Florida De	epartment of	State:	
(\$43.75 Filing Fee & Certified Copy Additional copy is enclosed)	Certifi Certifi) Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amei Divis	et Address ndment Secti sion of Corpu Centre of T	orations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



202107 12 77 12:07

October 5, 2020

PAULETTE SAINTVIL 2106 N. DIXIE HWY HOLLYWOOD, FL 33020

SUBJECT: THE ABOITE ACADEMY CORPORATION

Ref. Number: N17000009519

We have received your document for THE ABOITE ACADEMY CORPORATION and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The form you submitted is for a Limited Lianility Company, but your entity is a Non Profit Corporation. Please complete and return the enclosed blank form(s).

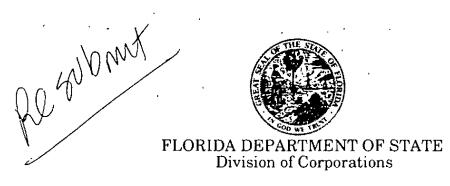
There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 920A00019307



August 9, 2020

PAULETTE SAINTVIL 2106 N. DIXIE HWY HOLLYWOOD, FL 33020

SUBJECT: THE ABOITE ACADEMY CORPORATION

Ref. Number: N17000009519

We have received your document for THE ABOITE ACADEMY CORPORATION and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 120A00014970

Irene Albritton Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

THE ABOUTE ACADEMY CORPORATION

(Name of Corporation as currently filed with the Florida I	Dept. of State)
N17000009519	
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	tion:
name must be distinguishable and contain the word "corpora	The new ation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable:	2106 N DIXIE HWY
(Principal office address <u>MUST BE A STREET ADDRESS</u>	HOLLYWOOD, FL 33020
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2106 N DINIE HWY
(Manny marks)	HOLLYWOOD, FL 33020
D. If any office of the second	and the sin Planting and a share a second of the
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	
Name of New Registered Agent: PAULET	TE SAINTVIL
	DIXIE HWY
New Registered Office Address:	(Florida street address)
HOLLYV	WOOD
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	Nent:
I hereby accept the appointment as registered agent. I am fai	infliar with and decept the officiarins of the position.
	Ignorary of New Registered 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:

 $P \rightarrow President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer, CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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	$\underline{V} = \underline{Mik}$	i Doe e Jones e Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	PRES	PAULETTE SAINTVIL	2106 N DIXIE HWY HOLLYWOOD, FL 33020
Remove			
2) Change Add	RE AGI	MICHAEL KAUFMAN	11900 BISCAYNE BOULEVARD MIAMUEL 33181
X Remove	TRUST.	HANTIN TRANSPORTATION	11900 BISCAYNE BOULEVARD MIAMI-FL 33181
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or ad (attach additional s		Articles, enter change(s) here: (i). (Be specific)	

•			
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· · · ·		•	
			
			
	 		
The date of each amendmen date this document was signed	(8) adoption: APRIL 10, 2020		, if other than th
Effective date <u>if applicable</u> :	ADDII 10 2020		
meetire mace is appreasage.	(no more than 90 days after amo	endment file dater	
Note: If the date inserted in the document's effective date on t	is block does not meet the applicable statuto ne Department of State's records.		

■ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(<u>CHECK ONE</u>)

Adoption of Amendment(s)

There are no members or members entitled to vote on the amenaption(s). The amendment(s) was/were	
adopted by the board of directors.	
Signature (By the chairm have view charthan of the board, president or other officer-of directors have not been selected, by an incorporator) sign the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) PAULETTE SAIN IVII.	10/13/240
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	•