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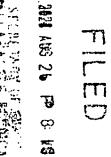
| (Requ | uestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| ieud) | ness Entity Name) | • |
| (Doc | ument Number) | |
| Certified Copies | Certificates of | f Status |
| Special Instructions to Fi | ling Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION | Somerset Mini Spa | artans PTSO Inc. | | | |
|---------------------------------------|---|--|------------------------------|--|--------------|
| | 117000011169 | | | | |
| DOCUMENT NUMBER: | | | <u> </u> | | |
| The enclosed Articles of Ame | ndment and fee are sub- | mitted for filing. | | | |
| Please return all corresponder | ce concerning this matt | er to the following: | | | |
| Amanda Johnson | | | | | |
| | | (Name of Contact Pe | erson) | | |
| | | | | | |
| · · · · · · · · · · · · · · · · · · · | | (Firm/ Company | ·) | | |
| 841 SW McCracken Ave | | | | | |
| | | (Address) | | | · |
| Port St. Lucie, FL 34953 | | | | | |
| | | (City/ State and Zip | Code) | | |
| SomersetAcademy.PTO@ | gmail.com | | | | |
| E- | mail address: (to be used | for future annual rep | ort notification | on) | |
| For further information conce | rning this matter, please | call: | | | |
| Amanda Johnson | | at | 561 | 676-8203 | |
| () | Name of Contact Person | | (Area Code) | (Daytime Telep | hone Number) |
| Enclosed is a check for the fo | llowing amount made p | ayable to the Florida | Department of | f State: | |
| □ \$35 Filing Fee | ■\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee Certified Copy (Additional copy i enclosed) | Certi s Certi (Add | 50 Filing Fee ficate of Status fied Copy itional Copy is osed) | |
| <u>Mailing Ac</u> Amendmen | | | reet Address nendment Sec | tion | |

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Somerset Mini Spartan PTSO Inc.

. . .

| Name of Corporation as currently filed with the | e Florida I | Dept. of State) | |
|--|--------------|--|--------------------------|
| N17000011169 | | | |
| (Docum | nent Numb | er of Corporation (if known) | |
| Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation: | rida Statute | es, this Florida Not For Profit Corporation adopts the | following |
| A. If amending name, enter the new name of the | e corporat | ion: | |
| Somerset Academy St. Lucie PTO Inc. | | · | _The new |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam | | tion" or "incorporated" or the abhreviation "Corp." | or "Inc." |
| B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A | |) | • |
| | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | <i>BOX</i>) | 942 SW Kappa Ave | _ |
| | | Port St. Lucie, FL 34953 | _ |
| D. If amending the registered agent and/or reginew registered agent and/or the new register | | ddress: | |
| Name of New Registered Agent: | | | |
| | 942 SW | Kappa Ave | |
| New Registered Office Address: | | (Florida street address) | |
| | Port St. I | Lucie , Fibrida, Fibrida | |
| | | (City) Zip Cod | - F1 |
| New Registered Agent's Signature, if changing | | Agent: miliar with and accept the obligations of the position. | Para series |
| т петеоу ассері іне арроінітені аз гедізіегей адел | n. 1 am ja. | miliar with and accept the obligations of the postage. | |
| _ | 110 | D Canal | T - [-] |
| | χ_{z} | gnature 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 | <u>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|----------------------------------|------------------------------|--|--|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| Change Add Remove | P | Aiello, Jennifer | 62 SE Seahouse Dr Port St. Lucie, FL 34983 |
| 2) Change Add | <u>v</u> | Elben, Brittany | 1598 SW Janette Ave Port St. Lucie, FL 34952 |
| X Remove | Р | Johnson, Amanda | 841 SW McCracken Ave Port St. Lucie, FL 34953 |
| 4) × Change Add | <u>v</u> | Martinez, Danay | 1061 SE Sandia Dr Port St. Lucie, FL 34983 |
| 75) X Change Add Remove | <u>†</u> | Jones, Jessica | 942 SW Kappe Ave Port St. Lucie, FL |
| 6) Change Add | S | Blind, Kalene | 4625 SW Vahalla St Port St. Lucie, FL 34953 |
| | | onal Articles, enter change(s) here: essary). (Be specific) | |
| | | er Aiello leaves the corporation, Brittany Eiben leaves the corporation, | |
| Danay Martinez is named the V | , Jessica Jo | nes is named the T, Kalene Blind is named the S, and Kimberley Alle | n is named the C. These should be noted as |
| Jennifer Aiello, P as a remove, | Brittany Eibi | an, V as a remove, Amanda Johnson, P as a change, Danay Martinez | z, V as a change, Jessica Jones, T as a change, |
| Kalene Blind, S as an add, and | Kimberley A | Vien, C as an add. | |

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.

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| Example: X Change X Remove X Add | <u>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|---|------------------------------------|---|---|
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| 1) Change X Add | C | Allen, Kimberley | 559 SW Halifax Ave Port St. Lucie, FL 34953 |
| Remove | | | |
| 2) Change Add | | | |
| Remove 3) Change Add Remove | | | |
| 4) Change Add | | | |
| Remove 5) Change Add | | | |
| Remove 6) Change Add | | | |
| E. If amending or addin (attach additional shee | | onal Articles, enter change(s) here: essary). (Be specific) | |
| Currently Jennifer Aiello is listed | es the P. Br | ittany Elben is listed as the V, Amanda Johnson is listed as the T, Jes | sica Jones is listed as the S, and Danay Martinez |
| is listed as the O.There is a cha | nge,Jennife | r Aiello leaves the corporation, Brittany Eiben leaves the corporation, A | manda Johnson is named the P, |
| Danay Martinez is named the V, | Jessica Jon | es is named the T, Kalene Blind is named the S, and Kimberley Allen i | s named the C. These should be noted as |
| Jennifer Aiello, P as a remove, B | rittany Eiber | n, V es a remove, Amanda Johnson, P as e change, Danay Martinez, \ | / as a change, Jessica Jones, T as a change, |
| | | | |

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| The date of each amendment(s) adoption: | | , it other than the |
| date this document was signed. | | |
| Effective date if applicable: 08/12/2020 | | |
| Incense date it applicable. | o more than 90 days after amendment file date) | |
| 1 | | |
| Note: If the date inserted in this block does | not meet the applicable statutory filing requirements | s, this date will not be listed as the |
| document's effective date on the Department | t of State's records. | |
| | | |
| Adoption of Amendment(s) | CHECK ONE) | |

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

| | 08/20/20 |
|-----------|--|
| Dated | |
| Signature | A. Jahnson |
| - | (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) |
| | |
| | Amanda Johnson |
| | Amanda Johnson (Typed or printed name of person signing) |
| | |