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DEC 1 6 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Treasure	Coast Classical Academy
DOCUMENT NUMBER: N1700001210	05
The enclosed Articles of Amendment and fee	
Please return all correspondence concerning t	his matter to the following:
Susan Turner	
	(Name of Contact Person)
The Optima Foundation	
·	(Firm/ Company)
15275 Collier Blvd #201-299	
	(Address)
Naples, FL 34119	
	(City/ State and Zip Code)
sturner@optimaed.org E-mail address: (to	be used for future annual report notification)
For further information concerning this matte	r. please call:
Susan Turner	at 570-242-7084
(Name of Contac	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Florida Department of State:
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address 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

mber of Corporation (if known) tutes, this <i>Florida Not For Profit Corporation</i> adopts th	e following
	e following
ration:	
	The new
oration" or "incorporated" or the abbreviation "Corp."	or "Inc."
<u>SS</u>)	-2
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office address in Florida, enter the name of the	
ce address:	
(Florida street address)	
, Florida	
(City) (Zip Code)	
red Agent: a familiar with and accept the obligations of the position.	
Ci	
<u> </u>	ffice address in Florida, enter the name of the e address: (Florida sircet address) (City) (Zip Code) ed Agent:

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	PT John Do V Mike Jo SV Sally Sn	nes .	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change Add	<u>CH</u>	ŁYNDA DANIEL	3902 SW SAINT LUCIE LANE PALM CITY, FL 34990
 X Remove 2) Change Add 	<u>T</u>	MARIA WELLS	52 SW ALBANY AVE STUART, FL 34994
X Remove 3) Change X Add Remove	<u>T</u>	BRANDON TUCKER	104 NW 7TH AVENUE OKEECHOBEE, FL 34972
4) X Change Add	СН	JOSEPH FEATHERSTONE	2529 25TH CT JUPITER, FL 33477
Remove 5)ChangeAdd			
Remove 6) Change Add			
		cles, enter change(s) here:	
(attach additional shee	ts, if necessary).	(Be specific)	

		·
		
The date of each amendment(s) adopted date this document was signed.	on: 06/23/2020, 04/20/2020, 08/05/2020	_, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departn	bes not meet the applicable statutory filing requirements, this date will not lient of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes east for the amendment(s)	

Date	d 10/22/2020
	0
Sign	ature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	by the chairman or vice chairman of the board, president or other officer-if director
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	JOSEPH FEATHERSTONE
	(Typed or printed name of person signing)
	CHAIDMAN
	CHAIRMAN
	(Title of person signing)