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To:			7.4	(107
	Division of Co	orporations		Ξ
	Fax Number	: (850)617-6380		
From:				6
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	Cr∙ Gr,	
	Account Number	r : I20000000019	t .	$\stackrel{\sim}{=}$
	Phone	: (305)552-5973	1.5	
	Fax Number	: (305)675-5944	<del></del>	Ω
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN SOUTH DADE CHARTER SCHOOL, INC.

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Help

Articles of Amendment to Articles of Incorporation

of of		
Name of Corporation as a report of the state of Corporation as a report of the state of the stat	D =-:	
(Name of Corporation as currently filed with the Florida Dept. of State)		
<u>N190000003</u>		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopted amendment(s) to its Articles of Incorporation:	s the following	
A. If amending name, enter the new name of the corporation:		
South Point Scholars ACADEMY Towns must be distinguishable and contain the word "corporation" or "incurporated" or the abbreviation "Cor"	TW 12	
name must be distinguishable and contain the word "corporation" or "incurporated" or the abbreviation "Cor "Company" or "Co," may not be used in the name.	p." or "Inc."	
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS)	<del>-</del>	
	201   Ti	
^ F.	74 L. J. A.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	CT	t
	5	***
	AH IO:	
		*==:.
O. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	0:34	*475
Name of New Registered Agent:		
Hame by they have the real seguit.		
New Registered Office Address:		
Florida		
(City) (Zip C	ode)	
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent. I om familiar with and accept the obligations of the position	777.	
Signature of New Registered Agent. if changing		

Page I of 4

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:

(Allach additional sheets, if necessary)

Please note the officeridirector title by the first letter of the office title:

P = President: V = Vice President; T = Treasurer; S = Secretary: D = Director; TR = Trustee: C = Chairmon 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 at 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>Mik</u>	a Doc ce Jones ly Smith	
Type of Action (Check One)	<u> Title</u>	Name	<u>Address</u>
1) Change			
Remove			
2) Change			
Add Remove			
3) Change			
Remove			
4) Change			
Add Reinove			
5) Change			
Add Remove			
ரி Change			
Add			
Remove			

If amending or adding additional Arti (attach additional sheets, if necessary)	(Be specific)	
	.,,	

The date of each amendment(s) at	loption:	, if other than the
date this document was signed.		
Effective date <u>If appdicable</u> :		
	the more than 90 days since amendment ple diver	• •
Adoption of Amendment(s)	(CHECK ONE)	
The amendments) was were at was were sufficient to approve	lopted by the members and the mumber of votes east for the amendment $s_1$ .	
☐ There are no members or menti- adopted by the board of director	ners emitted to vote on the amendments). The amendments) was were us.	
Dated 10 15	19.	
Signature	Dell'	
have not be	man or vice chairman of the hoard, president or other officer-if directors in selected, by an incorporator - if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	_
	Niurka, Gonzalez (Typed or printed name of peoper signing)	
	President	
	(Inte of person signing)	