

N180000004195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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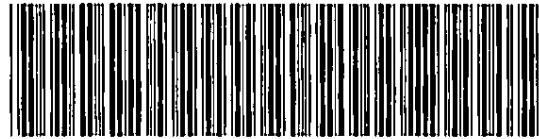
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CC
Amend/Name
chg

NOV 05 2018
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Latino Association of Administrators and Christian Educators in Public Schools

DOCUMENT NUMBER: N18000004195

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Wilfredo Laboy Toledo

(Name of Contact Person)

LAACE

(Firm/ Company)

6220 Krista Drive

(Address)

Spring Hill, Florida, 34609

(City/ State and Zip Code)

prilaboy@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Wilfredo Laboy Toledo

978

241-0484

at

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☐ \$35 Filing Fee ☒ \$43.75 Filing Fee & Certificate of Status ☒ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2018

DR. WILFREDO LABOY TOLEDO
LAACE
6220 KRISTA DRIVE
SPRING HILL, FL 34609

SUBJECT: LATINO ASSOCIATION OF ADMINISTRATORS AND CHRISITAN
EDUCATORS IN PUBLIC SCHOOLS, INC.
Ref. Number: N18000004195

We have received your document for LATINO ASSOCIATION OF ADMINISTRATORS AND CHRISITAN EDUCATORS IN PUBLIC SCHOOLS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

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: 018A00020807

RECEIVED

2018 NOV -2 PM 1:54

CLERK OF THE COURT
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

Latino Association of Administrators and Christian Educators in Public Schools, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N18000004195

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Latino Association of Administrators and Christian Educators, Inc

The new name must be distinguishable and contain the word "corporation" 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:

(Principal office address MUST BE A STREET ADDRESS)

6220 Krista Drive

Spring Hill

Florida 34609

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 15375

Brooksville

Florida 34604

D. 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:

Name of New Registered Agent: N/A

New Registered Office Address:

N/A

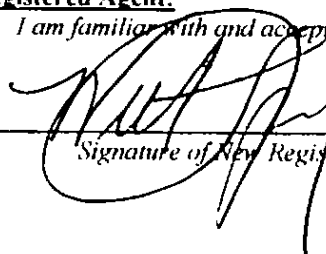
(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>Director</u>	<u>Carlos M. Lopez</u>	<u>33 Reed Blvd.</u>
<input type="checkbox"/> Add			<u>Amityville</u>
<input type="checkbox"/> Remove			<u>New York, 11701</u>
2) <input type="checkbox"/> Change	<u>Tres.</u>	<u>Gloria Rodriquez</u>	<u>387 Swordfish Lane</u>
<input checked="" type="checkbox"/> Add			<u>Spring Hill</u>
<input type="checkbox"/> Remove			<u>Florida, 34609</u>
3) <input type="checkbox"/> Change	<u>Director</u>	<u>Michelle Munoz</u>	<u>11339 Linden Drive</u>
<input checked="" type="checkbox"/> Add			<u>Spring Hill</u>
<input type="checkbox"/> Remove			<u>Florida, 34608</u>
4) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

September 20, 2018

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

September 20, 2018

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department 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.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated September 21, 2018

Signature

(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. Wilfredo Laboy Toledo

(Typed or printed name of person signing)

President

(Title of person signing)