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(Re	equestor's Name)	
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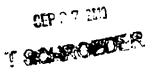
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COVER LETTER

TO: Amendment Section Division of Corporations

Archimedean F	Kids PTO Inc
N18000008076	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee ar	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Sasha Jordan-Correa	
	(Name of Contact Person)
Archimedean Kids PTO Inc	
	(Firm/ Company)
12425 SW 72 Street	
	(Address)
Miami, FL 33183	
	(City/ State and Zip Code)
aapto \widehat{g} archimedean.org	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	please call:
Sasha Jordan-Correa	786 423-4574
(Name of Contact F	
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of S	Fee & S43.75 Filing Fee & S52.50 Filing Fee tatus Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address

<u>Mailing Address</u>

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

Articles of Amendment to Articles of Incorporation of

Archimedean Kids PTO Inc		
(Name of Corporation as curr	ently filed with the Flor	rida Dept. of State)
N18000008076		
(Document Nur	mber of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006, Florida Statemendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:	
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated	The new T' ar the abbreviation "Corp." or Anc. "
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	<u></u>	28
		9
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14050 SW 84 Street	02
	Suite 104	
	Miami, FL 33183	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		enter the name of the
Name of New Registered Agent: Ulloa &	Company Professional	Association
14050 5	SW 84 Street, Suite 104	
New Registered Office Address:	(ŀ	lorida street address)
Miami		Florida 33183
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am		the obligations of the position.
	Signature of New Regis	tered) went, 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>V</u> <u>Mik</u>	n Doc e Jones v Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) X Change	P	Sasha Jordan-Correa	12425 SW 72 Street	
Add			Miami, FL 33183	
Remove				
2) X Change	VP	Karine Kokubo	12425 SW 72 Street	
Add			Miami, FL 33183	
Remove	S	Veronica Romero-Shilling	12425 SW 72 Street 25 5	Y
3) X Change			Miami El 33183	
Add			9 D	
4) Change			<u> </u>	
Кепюче				
5) Change				
Add				
Remove				
6) Change			 	
Add				
Remove				

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)	<u></u>			
		 	 		
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				DIAI DRODA	3 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0
				2> (

	date of each amendment this document was signed		, if other than the
Effo	ective date <u>if applicable</u> :	07/01/2019	
		(no more than 90 days after amendment file date)	
		this block does not meet the applicable statutory filing requirements, this date will the Department of State's records.	not be listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes east for the amendment(s) approval.	
	There are no members o adopted by the board of	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated	7/2019	
	Signature		
	have	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Sa	isha Jordan-Correa	
	_	(Typed or printed name of person signing)	
	Pr	esident	
	_	(Title of person signing)	19 SEP 2
			LED 6 MH 9:0