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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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22 NOV 26 PH 1: 35

COVER LETTER

TO: Amendment Section
Division of Corporations

Proceedings of the

| NAME OF CORPORATION: MINCOMIUM | 6-12 Collegiate Academy PTSO, INC. |
|--|--|
| DOCUMENT NUMBER: N\800001233 | V |
| The enclosed Articles of Amendment and fee are submitted | d for filing. |
| Please return all correspondence concerning this matter to | the following: |
| La'Questa Pitts | |
| (Na | me of Contact Person) |
| Millennium 6-12 Vollegiale A | (Firm/Company) |
| | (Firm/ Company) |
| 314 CID THE ALD DOLLA | W Arach F1. 32444 |
| 314 S.W. 710 Ave Delve | (Address) |
| | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Delvay Beach Pl | 3344 <i>4</i> |
| (Cit | v/ State and Zip Code) |
| | |
| Millenniumpku@g | mail, rom |
| E-mail address: (to be used for | future annual report notification) |
| For further information concerning this matter, please call | : |
| la Questa Pits | 786 8(3-2682 |
| (Name of Contact Person) | at 766 SS3-268 A (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made payab | |
| | |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status | 43.75 Filing Fee & ☐\$52.50 Filing Fee ertified Copy Certificate of Status |
| | Additional copy is Certified Copy |
| | nclosed) (Additional Copy is |
| | Enclosed) |
| Mailing Address | Street Address |
| Amendment Section | Amendment Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| Mulennium 6-12 coil | egiale Academy | PTSU, INC |
|---|---|--------------------------------------|
| (Name of Corporation as currently filed with the Florida D | ept. of State) | ' |
| N 180000 1 233 | 7 | |
| (Document Numbe | r of Corporation (if known) | |
| Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation: | s, this <i>Florida Not For Profit</i> (| Corporation adopts the following |
| A. If amending name, enter the new name of the corporation | on: | |
| NIA | | The new |
| name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name. | on" or "incorporated" or the | abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: | NIA | , pm, |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | 1 10 | 22 NO |
| | | 2 S |
| - | | |
| C. Enter new mailing address, if applicable: | NILA | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | 10/11 | |
| _ | | <u>ယ</u> အရ <u>မ</u> ာ (၁၈ |
| | | <i>:::</i> |
| | | |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad | | e name of the |
| new registered agent and/or the new registered office ad | | |
| Name of New Registered Agent: | La'Questa PH-S | |
| | NA | |
| New Registered Office Address: | (Florida street | t address) |
| HEN RESISTED EN OFFICE NUMBERS. | NIA | 1.1/4 |
| | (City) | , Florida <u>(V/7)</u> (Zip Code) |
| | (City) | (Mp Coue) |
| New Registered Agent's Signature, if changing Registered A | | Col. III |
| I hereby accept the appointment as registered agent. I am fam | illiar with and accept the oblig | ditions of the position. |
| Sig | nature of New Registered Age. | nt, 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 | PT John D V Mike J SV Sally S | ones | |
|------------------------------------|---|---|---|
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| 1) Change Add | <u>P</u> | Natulie Work | 5803 MM 94MAVE TAMANAG FL 33321 |
| Remove 2) Change Add | <u>P</u> | La'Questa Pitts | 5803 NW 944 AVE TAMAKAY FL 33321 |
| Remove 3) Change Add Remove | <u> </u> | Nadire Délamotte | SECZ NU 94h AUL THMANT, FL 33324 |
| 4)ChangeAdd | 5_ | Neila Atkinson | SCUB NW GYMAND THMMMH FL 33321 |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | AON 2, AUSIDE |
| 6) Change Add | | | 2 0.73 0.73 |
| Remove | | | - Te |
| E. If amending or additional sheet | ng additional Artests, if necessary). | ticles, enter change(s) here: (Be specific) | 46 2108 2108 |
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| The date of each amendment(s) adoption: date this document was signed. | September Septemeber | 140 JUJ 9 | | of if other than the |
| Effective data if applicable | Septemeber | The door | | PH - |
| Effective date <u>if applicable</u> : (no | o more than 90 days after | amendment file date) | | F 5125 |
| Note: If the date inserted in this block does r document's effective date on the Department | not meet the applicable state of State's records. | atutory filing requiremen | | -L, |

(CHECK ONE)

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

Adoption of 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 9/2012 |
| Signature |
| (By the 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) |
| la awster Pitte |
| (Typed or printed name of person signing) |
| Precident |

(Title of person signing)

BIVISION OF COMPONATIONS
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