# N1900000362

| (Reqi                      | uestor's Name)  |           |
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| Special Instructions to Fi | ling Officer:   |           |
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| TO: Amendment Section<br>Division of Corporatio | ns   |  |  |                      |          |
|---|--|--|--|----------------------|----------|
| NAME OF CORPORATI                               | Florida Association ON:                        | 1 for Bilingual Education  | 1<br>  |                      |          |
| DOCUMENT NUMBER:                                |  |  |  |                      |          |
| The enclosed Articles of An                     | mendment and fee are sub                       | omitted for filing.  |  |                      |          |
| Please return all correspond                    | ence concerning this mat                       | ter to the following:  |  |                      |          |
| Susanne Peña                                    |  |  |  |                      |          |
|   |  | (Name of Contact Per   | son)   |                      |          |
| Florida Association for Bili                    | ingual Education                               |  |  |                      |          |
|   | ·······  | (Firm/ Company)  |  |                      |          |
|   | Laida O  |  |  |                      |          |
| 2287 Pear                                       | + Claer St                                     | (Address)  |  |                      |          |
|   | _  |  |  |                      |          |
| Orlando   | <u>FL 328</u>                                  |  |  |                      |          |
|   |  | (City/ State and Zip Co  | ode)   | 55.5                 | 3        |
| susanner  | e-mail address: (to be use                     | edconsul.  | ting.com   | SECTIONS SECTION     |          |
| E   | -mail address: (to be use                      | d for future annual repo   | (noits di)ton n  | n                    | 2<br>-   |
| For further information con                     | cerning this matter, pleas                     | e call:  |  | -                    |          |
| Susanne Peña                                    |  | (  | 717 334 349  | 11 : <sup>11</sup> c | PH 1: 02 |
|   | (Name of Contact Perso                         |  | Area Code) (Daytime Telepho  | ne Number) =         | 02       |
| Enclosed is a check for the f                   | following amount made p                        | ayable to the Florida De   | epartment of State:  |                      |          |
| <b>\$</b> .\$35 Filing Fee                      | □\$43.75 Filing Fee &<br>Certificate of Status | \$43,75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | S52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |                      |          |
| <u>Mailing A</u><br>Amendme<br>Division c       | ent Section                                    | Ame  | et Address<br>ndment Section<br>sion of Corporations   |                      |          |

### Articles of Amendment to Articles of Incorporation of

Florida Association for Bilingual Education

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

#### N1900000362

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(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:

|   | The new   |
|---|---|
| name must be distinguishable and contain the word "corpor<br>"Company" or "Co." may not be used in the name.              | ation" or "incorporated" or the abbreviation "Corp." or "Inc."  |
| B. <u>Enter new principal office address, if applicable:</u><br>(Principal office address <u>MUST BE A STREET ADDRESS</u> | 2287 Pearl Cider St.<br>"Orlando, FC 32824  |
| C. <u>Enter new mailing address, if applicable:</u><br>(Mailing address <u>MAY BE A POST OFFICE BOX</u> )                 | 6441 S. Chickaraw Trail<br>Suite IDI<br>Orlando Fr. 32824   |
|   | $\underline{S_{(u)}(u)}, \underline{F_{U}}, \underline{S_{U}}, \underline{S_{U}},$  |
| D. If amending the registered agent and/or registered of  | fice address in Florida, enter the name of the  |
| new registered agent and/or the new registered office   |   |
| <u>Name of New Registered Agent</u> : <u>SUS</u>  | sanne Pena  |
| 27  | Of Pearl Cider St. 38   |
| New <u>Registered Office Address</u> :  | (Florida street address)  |
| <u>New Regimered Office Audress</u> .   | lando, FL Florida 32804   |
|   |   |
| New Registered Agent's Signature, if changing Registere   | <u><b>d Agent:</b></u><br>amiliar with and accept the obligations of the position. $\overrightarrow{\square} \stackrel{\sim}{\cong} \stackrel{\sim}{\cong} \stackrel{\sim}{\boxtimes} \stackrel{\sim}{\longrightarrow} \stackrel{\sim}{\boxtimes} \stackrel{\sim}{\boxtimes} \stackrel{\sim}{\boxtimes} \stackrel{\sim}{\longrightarrow} \stackrel{\sim}{\boxtimes} \stackrel{\sim}{\longrightarrow} \stackrel{\sim}{\boxtimes} \stackrel{\sim}{\longrightarrow} \stackrel$ |
| I hereby accept the appointment as registered agent. I am f   | amiliar with and accept the obligations of the position. $\square \cong - \bigtriangledown$   |
|   | Juxin the the   |
|   | Signature of New Registered Agent, if changing  |

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# Mamending 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)

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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 Fixecutive 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:<br><u>X</u> Change<br><u>X</u> Remove<br>X Add | <u>PT</u> <u>John E</u><br><u>V</u> <u>Mike</u><br><u>SV</u> Sally S | Jones                        |  |
|---|--|------------------------------|--|
| Type of Action<br>(Check One)                           | Title  | Nanc                         | Address                                    |
| 1) Change<br>Add  | <u>P</u>   | Maria Wady                   | 4121 SW 69 Avenue<br>Gainesville, EL 32608 |
| 2) Change<br>Add  | VP   | Andrew Long                  | PO MOX 117048<br>Equines 1112, FC 32611    |
| 3) Remove<br>Add Remove                                 |  |                              |  |
| 4) Change   |  | Susanne Vera                 | 2287 Pearl Cider St.                       |
| Remove  |  |                              |  |
| Add   |  |                              |  |
| 6) Change<br>Add  |  |                              |  |
| Remove  |  | ticles anter change(s) here: |  |

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

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|   | July 15                               | + 21172                                |                 |
| The date of each amendment(s) adoption:<br>date this document was signed. |                                       |  | , n oner pan de |
|   | U                                     |  |                 |
| Effective date if applicable: (no more to                                 | han 90 days after amendn              | ent 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)

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(<u>CHECK ONE</u>)

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 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)

Susanr

(Typed or printed name of person signing)

President

(Title of person signing)

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