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COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION:	1 cito academy Largo PTO 11
DOCUMENT NUMBER:	19000001708
The enclosed Articles of Amendment and fee are so	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Cor	Name of Contact Person)
Plat	Academy Largo PTO Inc (Firm/Company)
7100	14and ave (Address)
L	(Cit)/ State and Zip Code)
E-mail address: (to be us	sed for fightre annual report notification) + @gmail.com
For further information concerning this matter, plea	se call:
Courtney Der (Name of Contact Pers	n bok at 727 - 421 - 9330. (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 Statu	& \$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currentl	u filed with the Floride Dent, of	State	
(Name of Corporation as current)	h	<u>State</u>)	
<u>N190</u>	<u> </u>		
(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes, amendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corp	poration adopts the following	
A. If amending name, enter the new name of the corporatio	<u>'n:</u>		
<u> </u>	11A	The new	
name must be distinguishable and contain the word "corporation" (Company" or "Co." may not be used in the name.	on" or "incorporated" or the abb	reviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	10 9 J	1 0−4.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	na	HARSES FRORIDA	== Ti
D. If amending the registered agent and/or registered office		ume of the	
new registered agent and/or the new registered office ad	idress:		
Name of New Registered Agent:	1100 142 mg	Dembek.	
New Registered Office Address:	(Florida street ad	aress)	
	(City)	_, Florida FC 33 (Zip Code)	ורך
New Registered Agent's Signature, if changing Registered & I hereby accept the appointment as registered agent. I am fun Signature.	Agent: niliar with and accept the obligati OLDA-DELL gnature of New Registered/Akent,	Dembek.	

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 I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	<u> </u>	Angre Taylor	1100 112 manue Lango 276 23771
2) Change Add	1	Carole Genhall moffa	TION FUNDER PRICE
X Remove	_5_	Meryl Limeira	- 7100 142ndane - Largo, Fr. 33771
4) Change Add Remove	<u>P</u>	Courtney Dembe	<u>K 7100 142</u> Maye Largo, 12.3377
5) Change Add Remove	<u>S</u>	Christma I Ewis	7100 142maue Largo, Fc 33771
6) Change Add			
Remove		Page 2 of 4	

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

The date of each amendment(s) adoption:		_, if other than the
date this document was signed. Effective date if applicable:	more than 90 days after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be of State's records.	oe listed as the
Adoption of Amendment(s) (Q	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes east for the amendment(s)	
There are no members or members entitl adopted by the board of directors.	ed to vote on the amendment(s). The amendment(s) was/were	
have not been selecte	ice chairman of the board president or other officer-if directors and, by an incorporator – if in the hands of a receiver, trustee, or a fiduciary by that tiduciary)	
<u> </u>	(Typed or printed name of person signing) ACTIVE STATE OF PERSON SIGNING) (Title of person signing)	19 JUN -6 PM 5: 20