

N19 0000009506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

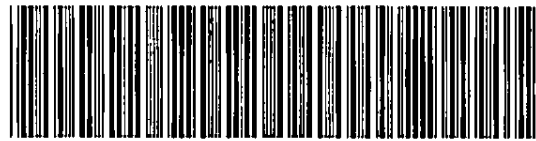
(Document Number)

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Spoke to Sonya Borges,  
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10/28/21  
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FILED  
2021 OCT 18 PM 9:25  
SECRETARY OF STATE  
HALLMARKS OF TEXAS

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

JACKSON MIDDLE PTSO INCORPORATED

NAME OF CORPORATION: \_\_\_\_\_

N19000009506

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

DANA MCLANE

\_\_\_\_\_  
(Name of Contact Person)

RCMS PTSO INC

\_\_\_\_\_  
(Firm/ Company)

6000 ROBERTO CLEMENTE ROAD, ATTN: PTSO

\_\_\_\_\_  
(Address)

ORLANDO, FL 32807

\_\_\_\_\_  
(City/ State and Zip Code)

DANA.MCLANE@OCPS.NET

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

For further information concerning this matter, please call:

SONYA PORGES

(404)

697-7480

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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2021 OCT 18 PM 9:25

JACKSON MIDDLE PTSO INCORPORATED

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

N19000009506

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

(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:**

RCMS PTSO 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.*

6000 ROBERTO CLEMENTE ROAD

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**) ORLANDO, FL 32807

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

6000 ROBERTO CLEMENTE ROAD

ATTN: PTSO

ORLANDO, FL 32807

**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:**

DANA MCLANE

*Name of New Registered Agent:*

6000 ROBERTO CLEMENTE ROAD

(Florida street address)

*New Registered Office Address:*

ORLANDO

32807

(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.

*Dana Marie McLane*

Signature of New Registered Agent, 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:

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input checked="" type="checkbox"/> Remove	P	VIVIANA CABRERA	6000 ROBERTO CLEMENTE ROAD ORLANDO, FL 32807
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	PT	SONYA PORGES	13846 RED MANGROVE DR ORLANDO, FL 32807
3) <input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	VT	DANA MCLANE	6000 ROBERTO CLEMENTE ROAD ORLANDO, FL 32807
4) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

CURRENTLY VIVIANA CABRERA IS LISTED AS P, DANA MCLANE AS V AND SONYA PORGES AS T, THERE IS A CHANGE.

VIVIANA CABRERA LEAVES THE CORPORATION, SONYA PORGES IS NAMED P AND DANA MCLANE AND SONYA PORGES ARE NAMED JOINTLY.

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The date of each amendment(s) adoption: 10/12/2021, if other than the date this document was signed.

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.

10/13/2021

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)

SONYA PORGES

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)