| (Requestor's Name) |
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COVER LETTER

| TO: | Amendment Section |
|-----|-------------------------|
| | Division of Corporation |

| SJCCA Middle School Booster Association, Inc. AME OF CORPORATION: | |
|---|----------------|
| N24000000710 OCUMENT NUMBER: | _ |
| ne enclosed Articles of Amendment and fee are submitted for filing. | |
| ease return all correspondence concerning this matter to the following: | |
| Jason McClellan | |
| (Name of Contact Person) | _ |
| RENOSI, Inc. | |
| (Firm/ Company) | _ |
| 13506 Summerport Village Pkwy #1506 | |
| (Address) | _ |
| Windermere, FL 34787 | |
| (City/ State and Zip Code) | - |
| jason@myrenosi.com | |
| E-mail address: (to be used for future annual report notification) | - - |
| r further information concerning this matter, please call: | · |
| son McClellan 407 379-5977 | |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number) | - |
| closed is a check for the following amount made payable to the Florida Department of State: | ٠, |
| S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) | • |

Mailing Address

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

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: XChange X Remove X Add | <u>V</u> <u>Mik</u> | n Doe e Jones y Smith | | |
|----------------------------------|---------------------|-----------------------------|---------|------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address | |
| 1) Change Add Remove | | | | _ |
| 2) Change Add | | | | |
| Remove 3) Change Add | | | | |
| Remove | | | | — : — : |
| 4) Change Add | | | | - · |
| Remove 5) Change | | | • | |
| Add Remove | | | | _ |
| 6) Change | | | | |

| | e date of each ame | | option: | , if other than the |
|------------|--|---|--|---------------------|
| date | e this document was | signed. | | |
| Eff | ective date <u>if appli</u> | cable: | | |
| | | .— | (no more than 90 days after amendment file date) | |
| Not doc | te: If the date insert ument's effective da | ed in this bloc ate on the Dep | k does not meet the applicable statutory filing requirements, this date will not artment of State's records. | be listed as the |
| Ad | option of Amendm | ent(s) | (CHECK ONE) | |
| | The amendment(s) was/were sufficient |) was/were add it for approval | opted by the members and the number of votes cast for the amendment(s) | |
| | There are no mem adopted by the bo | bers or membe ard of director | ers entitled to vote on the amendment(s). The amendment(s) was/were is. | |
| | Dated | 01/22/2 | 2024 | |
| | Signature | | | |
| | | have not been | nan or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary) | |
| | | Angelique | : Kelley | |
| | | (Typed or printed name of person signing) | | |
| | | President | | .; |
| | | | (Title of person signing) | |