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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

ORACEVIEW NAME OF CORPORATION:	ACADEMY OF ST. CLOU	ID, INC				
DOCUMENT NUMBER:						
The enclosed Articles of Amendment and fee are	submitted for filing					
Please return all correspondence concerning this	matter to the following:					
Elvis Urena						
	(Name of Contact Per	son)				
	(Firm/ Company)					
2395 Hickory Tree Rd				<u>:</u>	?	
<u> </u>	(Address)			: : >> ;	,	٠,
Saint Cloud, Fl 34772				37.750	****	
	(City/ State and Zip C	ode)		मानी राजा सार्	: :	· -
eurenal@graceviewacademy.com				FL	 ω	
E-mail address. (to be	used for future annual repo	ort notificatio	n)			
For further information concerning this matter, p	ilease call:					
Elvis Urena	at		690-5055			
(Name of Contact P			(Daytime Te	iephone t	lumber)
Enclosed is a check for the following amount ma	ade payable to the Florida D	epartment of	State.			
□\$43.75 Filing Fee □\$43.75 Filing Fe Certificate of Sta	e & \$\subseteq\$43.75 Filing Fee & catus Certified Copy (Additional copy is enclosed)	Certif Certif (Addi	0 Filing Fee icate of Status ied Copy tional Copy is osed)			
Mailing Address Amendment Section		et Address endment Sect	ion			
Division of Corporations	Division of Corporations					
P.O. Box 6327	The	Centre of T	`allahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

GRACEVIEW ACADEMY OF ST. CLOUD, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N24000003736 (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: N/A 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable; N/A (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent: (Florida street address) New Registered Office Address . Florida (Zip Code) (City) 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. 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: X Change X Remove X Add	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	T <u>itl</u> e	Name	Address
1) Change Add		N/A	
Remove			
2) Change Add			
Remove 3) Remove Add Remove			S T
4) Change Add			E.F. III
Remove			
5) Change Add	 -		
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional she		rticles, enter change(s) here: . (Be specific)	
ADD PROVISION:			
The organization is org	anized exclusively	y for educational and religious purposes under	Section 501c3 of the Internal
Revenue Code.			
Upon dissolution, asset	s assets shall be d	istributed for one or more exempt purposes w	ithin the meaning of Section 501c3 of
the Internal Revenue Co	ode or correspon	ding section of any future federal tax code, or	shall be distributed to the federal

government, or to a state or local government	t, for a public purpose.			
				
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The date of each amendment(s) adoption:	07/04/2024		if c	other than the
date this document was signed			,	
Effective date if applicable:				
(n	o more than 90 days after amendment file date)			
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, tof State's records.	his date will no	ot be lis	ted as the
Adoption of Amendment(s)	CHECK ONE)			
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the am	endment(s)		

Dated	07/04/2024	
Signatur	(By the charman 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)	_
	Elvis Urena	
	(Typed or printed name of person signing)	
	CFO	
	(Title of person signing)	

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

HELLATINGSEE, FATE