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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION		PARENTS ASSOCIAT	TION, INC			
DOCUMENT NUMBER:	N93000004615					
The enclosed Articles of An						
Please return all correspond	ence concerning this matt	er to the following:				
Andrew Morrill						
		(Name of Contact Pers	on)			
SOUND OF PRIDE PARE	NTS ASSOCIATION, IN	С				
		(Firm/ Company)		-		_
PO Box 840223						
		(Address)		·····	<u> </u>	
Pembroke Pines, FL 33084						
		(City/ State and Zip Co	ode)			
Treasurersop@gmail.com						
- I	-mail address: (to be use	d for future annual repor	1 notificatio	n)		_
For further information con-	cerning this matter, please	e call:				2723
Andrew Morrill		at	54	806-5262	•	4
· · · · · · · · · · · · · · · · · · ·	(Name of Contact Persor		Area Code)	(Daytime Telephon	e Number)	(_^1
Enclosed is a check for the f	following amount made p	ayable to the Florida De	partment of	State:	-	7
≡ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy itional Copy is used)		. in
Division of P.O. Box	ent Section of Corporations	Amer Divis The				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SOUND OF PRIDE PARENTS ASSOCIATION, INC.

(Name of Corporation as currently filed with the Flori	da Dept. of State)	
N93000004615		
(Document No	umber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation	adopts the following
A. If amending name, enter the new name of the corpo	uration:	
NA		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	ocration" or "incorporated" or the abbreviation	"Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	(SS) //A	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		<u>e</u>
Name of New Registered Agent:	MA	· · · · · · · · · · · · · · · · · · ·
<u> </u>	(Florida street address)	
New Registered Office Address:	M/A Florid	a
	(City) (Zip	Code) -
New Registered Agent's Signature, if changing Registe		nooidan —
I hereby accept the appointment as registered agent. I an	n jumiliar with and accept the obligations of the	position. = -:
	MA	. · · · · · · · · · · · · · · · · · · ·
	Signature of New Registered Agent, if changing	g E

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	$\frac{\underline{PT}}{\underline{V}}$ \underline{SV}	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	P	Nolan, Julie	9401 STIRLING RD COOPER CITY, FL 33328
 X Remove 2) Change X Add 	P	Rodriguez, Santos	9401 STIRLING RD COOPER CITY, FL 33328
Remove 3)	v	Rodriguez, Sandra	9401 STIRLING RD Cooper City, FL. 33328
4) Change Add			
Remove 5) Change Add			
6) Change Add			
		onal Articles, enter change(s) here: essary). (Be specific)	

07/01/2023		
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(no more than so days uper amendment fix date)	ent file date)	(no more than 90 days after

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.

	07/01/2023
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)
	other court appointed fiduciary by that fiduciary)

☐ There

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