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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Dr. Henry E. Perrine Academy of	the Arts P
DOCUMENT NUMBER: N 96 0000 5936	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Michelle Craven	
(Name of Contact Person)	
(Firm/ Company)	
8851 SW 168th St	
(Address)	
Palmetto Bay FL 33157 (City/State and Zip Code)	
(City/ State and Zip Code)	
perrine a ota pta @ gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Michelle Craver at 786 251-6 (Name of Contact Person) (Area Code) (Daytime Te	
(Name of Contact Person) (Area Code) (Daytime Te	elephone 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 Status Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee & Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Street Address	
Amendment Section Amendment Section Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee	
Tallahassee FL 32314 2415 N Monroe Street Suit	e 810

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

& Henry E. terrine	Frackmy	OF The ITTS, PIH, LI
Name of Corporation as currently filed with the Flo	rida Dept. of State)	
(Document	Number of Corporation (i	f known)
Pursuant to the provisions of section 617.1006, Florida samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorpora	nted" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD)</u>	<u>RESS</u>)	
	 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Ú	
D. If amending the registered agent and/or registere	ed office address in Flori	da, enter the name of the
new registered agent and/or the new registered o	ffice address:	
Name of New Registered Agent:		
		_
		(Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: am familiar with and acc	rept the obligations of the position.
	Signature of New Re	gistered 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 Do V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change Add		Michelle Craven	
Remove 2) Change Add	P	Ashley Jones	
X Remove 3) Change Add Remove		Bonnee Binker	
4) Change Add		Nadire McMillon	
X Remove 5) Change Add		Mercedes Diaz	
 X Remove 6) Change Add 	<u>T</u>	Elena Gomez	
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	

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.

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Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u> </u>	Michael Dillon	
Remove			
2) Change Add	<u>√</u>	Ayeska Tahares	
3) Remove Change Add Remove	5	Katie Sanchez	
4) Change Add		Russell Jones	
Remove			
5) Change Add		Shauntel Frater	
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
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The date of each amendment(s) addate this document was signed.	loption:			, if other than th
Effective date if applicable:				
Elicetive date it applicable.	(no more than 9	00 days after amena	lment file date)	
<u>Note:</u> If the date inserted in this blo document's effective date on the De	ck does not meet the a partment of State's rec	applicable statutory cords.	filing requirements, this	date will not be listed as the
Adoption of Amendment(s)	(CHECK ON	E)		

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.
Dated 7/10/2020
Signature Milelle WW
(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)
Michelle Craven
(Typed or printed name of person signing)
2019-2020 PTA President

(Title of person signing)