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## COVER LETTER

TO: Amendment Section Division of Corporations	Pau
NAME OF CORPORATION: HOLLIG	and Hills High Spartan Band As
DOCUMENT NUMBER: NGO CONTROL OF THE PROPERTY O	2000096
The enclosed Articles of Amendment and fee are su	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Trinette Ham	Name of Contact Person)
Holywood Hills High	n Spartan Band Parent Assoc, Inc
5400 Sti	(Address)
Hollywood FL 3	(City/ State and Zip Code)
HHHPartapride E-mail address: (to be use	ebands Danail. Com sed for future annual report notification)
For further information concerning this matter, pleas	ise call:
Trine Hampton (Name of Contact Person	(454) 200-0739 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made [	payable to the Florida Department of State:
\$35 Filing Fee Sertificate of Status	& \$\Bigsize \\$43.75 \text{ Filing Fee & S52.50 \text{ Filing Fee } \\ \text{certified Copy (Additional copy is enclosed)}  \Bigsize \Bigzize \Bigzize \Bigzize \Bizze \Bi
Mailing Address Amendment Section	Street Address Amendment Section

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

tion

to
Articles of Incorporation of
Holywood Hills High Spartan Band Parents Association, Force (Name of Corporation as currently filed with the Florida Dept. of State)
Narmanionale
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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.
B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (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: TWELL Hamph
5400 Shrling Read
(Florida)street address) <u>New Registered Office Address</u> :
Hollywood Florida 33021
(City) (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.
Trinette Hampton Signature of New Registered Agent, if changing
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 D           V         Mike J           SV         Sally S	ones ,	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>P</u>	Michelle Singer	5400 Stirling Road. Hullywood FL 33001
2) Change Add	<u>P</u>	TrineHe Hampton	P.O. Box 849014 Hollywood PL 33001
Remove 3) Change Add Remove	<u>9u</u>	Frank Georgia	POBX 849014 Hollywod 1933021
4) Change Add Remove	<u></u>	Johnie Larkin	5400 Stirling Road Hollywood 19 33024
5) Change Add Remove	<u>T</u>	Stacey wykoff	P.O. Box 849014 Halywood: PL 33021
6) Change Add	<u>S</u>	Ratty Presulti	P.O Box 849014 Hollywood FL 33001
Remove		Dove 2 of 4	

(attach additional she	ets, if necessary). (Be specific)	
Remove	Harlan Singer	Sr. 5400 Stirling Ro Hollywood 192 330021

The date of each amendment(s) ac date this document was signed.	loption:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.	
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated O.	0.19	
Signature Tru	nette Hampton	
have not be	rman or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	Resident (Title of person signing)	

