(Requestor's Name) (Address)	
(Address)	300301338103
(City/State/Zip/Phone #)	07/17/1701019008 **35.00
(Business Entity Name)	
(Document Number)	
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Office Use Only	
	JUL 2 8 2017
	JUL 2 8 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2017

AMELIA Y. PARRISH 8914 TAFT ST PEMBROKE PINES, FL 33024

SUBJECT: PATHWAYS ACADEMY OF PEMBROKE PINES INC. Ref. Number: P17000024508

We have received your document for PATHWAYS ACADEMY OF PEMBROKE PINES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

I believe you have submitted the wrong form. If it is your intent to file this form to become a Florida profit benefit corporation, then either page 3(of6) or page 4(of6) must be completed according to the applicable statutes. If not, then please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 517A00014696

www.sunbiz.org

Division of Componetions DO DOV 6297 Tallahassas Florida 29214

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COVER	LETTER
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TO: Amondment So Division of Cor			
NAME OF CORPO	Pathways Academ	ny of Pembroke Pines	
DOCUMENT NUM	IBER:		
The enclosed Article	s of Amendment and fee are su	ubmitted for filing.	-
Please return all corr	espondence concerning this ma	atter to the following:	
	Amelia Parrish		
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Pers	00
	Pathways Academy of Pemb	oroke Pines	
		Firm/ Company	
	8914 Taft Sirect	· · · · · · · · · · · · · · · · · · ·	
	Pembroke Pines, FL 33024	Address	
		City/ State and Tip C.	
		City/ State and Zip Ce	ue
реп	ibrokepinespreschoolap@gmai	l.com	
	E-muil address: (to be u	sed for future annual repo	rt notification)
For further informati Amelia Parrish	on concerning this matter, pleas	954	367 7162
Name	of Contact Person	at (Arca (do & Daytime Telephone Number
Enclosed is a check t	or the following amount made		
\$35 Filling Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fcc Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tellahassee, FL 32314		Amer Divis Clifte	t Address idment Section ion of Corporations in Building Executive Center Circle
			hussee, FL 32301

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•	rticles of Amendment	•
٨٢	to ticles of Incorporation of	
Pathways Academy of Pembroke Pines		
(Name of Corporation	as currently filed with the Florida Dept. of State)	
P17000024508		
(Document	t Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida S ts Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amend	dment
A. If amending name, enter the new name of the corr	oration:	
	The .	
ume must be distinguishable and contain the word "Corp.," "Inc.," or Co" or the designation "Corp." word "churtered." "professional association." or the ab.	"corporation," "company," or "incorporated" or the abbreviat "Inc." or "Co". A professional corporation name must contain	tion
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRI</u>	<u>ESS</u>)	
<u>.</u>		_
		_
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		-
		_
). If amending the registered agent and/or registered	office address in Floridg, enter the name of the	-
). If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Floridg, enter the name of the ice address:	
). If amending the registered agent and/or registered new registered agent and/or the new registered off Nume of New Registered Agent	office address in Floridg, enter the name of the ice address:	
new registered agent and/or the new registered off	office address in Floridg, enter the name of the ice address:	_
new registered agent and/or the new registered off	office address in Floridg, enter the name of the ice address: (Floridu street address)	_
new registered agent and/or the new registered off	(Florida street address)	_
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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 liked 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:

Example: <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Títle</u>	<u>Name</u>	Address
I) Change	v	James T. Parrish	1771 NW 35th Terrace
Add			Lauderhill, FL 33311
X Remove			
2) Change			
Aud			<u> </u>
Remove			
3) Change			
Add			
Remove			
4) Change			
4) Change		<u> </u>	
Remove			
5) Change			
Add			
Kemove			
6) Change			
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Кстюуе			
		Fage 2 of 4	
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(Attach additional day	<mark>g additional Articles, enter</mark> (s, if necessary). (Be spec	change(s) bere:		
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		assification or cana		
If an amendment prov	vides for an exchange, reci		cliation of issued shares.	
provisions for imple	vides for an exchange, reci menting the amendment if	not contained in the	ellation of issued shares, amondment itself:	
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The date of each amendment(s) a date this document was signed.	doption: <u>N/A</u>			if other than the
thate this to coment when any				
Effective date <u>if applicable</u> :	(no more th	han 90 days afte	r amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were ad by the shareholders was/were s	sufficient for approval.			
□ The amendment(s) was/were ap must be separately provided for	proved by the shareholder or each voting group entitl	s through voting led to vote separ	groups. The following statement ately on the amendment(s):	
"The number of votes cas	st for the amendment(s) wa	as/were sufficier		
by	(voting group)		<u> </u>	
	(voting group)			
□ The amendment(s) was/were action was not required.				
The amendment(s) was/were as action was not required.	dopted by the incorporator	rs without share	older action and shareholder	
July 11,	2017			
Dated				
Dillet	00			
Signature		<u> </u>	rectors or officers have not been	
selec	a director, president or oth eted, by an incorporator – pinted fiduciary by that fid	if in the hands c	if a receiver, trustee, or other court	
	Amelia Y. Parrish			
	(Typed or j	orinted name of	person signing)	
	President			
	(Title o	f person signing)	
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		Page 6 of 6		