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| PICK-UP WAIT MAIL | |
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| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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SECRETARY OF STATE
OF CORPORATIONS
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WELLBAUM & EMERY, P.A.

LORI WELLBAUM EMERY

R.W. WELLBAUM, JR.

(1943-2018)

686 NORTH INDIANA AVENUE ENGLEWOOD, FLORIDA 34223 TELEPHONE (941) 474-3241 FAX (941) 475-2927

August 11, 2022

Secretary of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: L.A. Ainger Middle School PTO. Inc.

Dear Sir or Madam:

Please find enclosed an original Articles of Amendment to Incorporation for the above referenced matter.

Please file the Amendment to the Articles of Incorporation with the State.

Also enclosed is a check in the amount of \$35.00 for costs of filing.

Should you have any questions, please contact my office.

Very trulg yours.

Lori Wellbaum Emery

LWE/ar

Enclosures

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION | ON: L.A. AI | NGER MIDDLE S | CHOOL PTO, INC. | |
|-------------------------------|---------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------|
| DOCUMENT NUMBER: | NOGOOO | 05576 | | |
| DOCUMENT NUMBER: | | 03330 | | |
| The enclosed Articles of Am | endment and fee are sub | mitted for filing. | | |
| Please return all corresponde | ence concerning this matt | er to the following: | | |
| | TORI 1 | WELLBAUM EMER | Y. ESO | |
| | | (Name of Contact Pers | | |
| | WЕ | LBAUM & EMER | Y, P.A. | |
| | | (Firm/ Company) | | |
| | 6 | 586 N. Indian | a Ave | |
| | | (Address) | | |
| | | | | |
| | Er | nglewood, FL | 34223 | |
| | | (City/ State and Zip Co | | |
| | | | | |
| | -mail address: (to be use | d for future annual repo | t notification) | |
| | | | | |
| For further information cond | erning this matter, please | caii: | | |
| | | | | |
| | Olemen of Company Description | | Area Code) (Daytime Telephone Nu | |
| | (Name of Contact Persor | 1) | Mea Code) (Daytime Pelephone Ne | moory |
| Enclosed is a check for the f | ollowing amount made p | ayable to the Florida Do | partment of State: | |
| □ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) | |
| Mailing Address | | | et Address | |

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

L.A. AINGER MIDDLE SCHOOL PTO, INC.

| (Name of Corporation as currently filed with the Florida Dept. of State) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| N09000005536 |
| (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: 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: DANA LUTZ |
| Name of New Registered Agent: DANA LUTZ |
| 245 Cougar Way (Florida street address) |
| New Registered Office Address: |
| Rotonda West Florida 33947 (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. Signature of New Registered Agent, if changing DANA LUTZ |

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 | <u>V</u> <u>Mike</u> | n Doc e Jones y Smith | |
|-------------------------------------------|---------------------------------------|----------------------------------------------------|------------------------------------------|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| l) Change Add | P | _CINDY GOOGINS | P.O. Box 1164 Englewood, FL 34295 |
| X Remove | | | |
| 2) Change Add | _ <u>p</u> | DANA_LUTZ | P.O. Box 1164 Englewood, FL 34295 |
| Remove 3) Change Add Remove | - VP | DANA LUTZ | P.O. BOX 1164 Finglewood, FL 34295 |
| 4) Change Add | <u>VP</u> | JULIE LOWDER | P.O. Box 1164 Englewood, FL 34295 |
| Remove | | | |
| 5) Change Add | <u>_s</u> | STACY WEAR | P.O. Box 1164 ——— Englewood, FL-34295 |
| v Remove | | | |
| 6) Change X Add | <u>S</u> | ERIN MOREY | _P.OBox_1164 _Fnglewood, FL 34295 |
| Remove | | | |
| E. If amending or ad (attach additional s | ding additional heets, if necessar | Articles, enter change(s) here: y). (Be specific) | |
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| The date of each amendment(s) adoption date this document was signed. | on: | , if other than the |
| Effective date if applicable: | (no more than 90 days after amendment file date) | |
| | | |
| Note: If the date inserted in this block do document's effective date on the Departm | nes not meet the applicable statutory filing requirements, this date will nent of State's records. | I not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adopte was/were sufficient for approval. | d by the members and the number of votes east for the amendment(s |) |

| 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 <u>8/4/22</u> 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) |
| (Typed or printed name of person signing) |
| Airy a PTO President (Title of person signing) |