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## **COVER LETTER**

**TO:** Amendment Section **Division of Corporations** 

NAME OF CORPO	The RATION: Miami Shores	Mayor's Community Ta	ask Force
DOCUMENT NUM	BER: 762509		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Mich	ael C. Dorn	
	(Name of	Contact Person)	
	(Firm	n/ Company)	<del></del>
	PO E	3ox 531512	
	()	Address)	
<del></del>		es, FL 33153-1512	
	(Cny/ Sta	te and Zip Code)	
		soc@aol.com d for future annual report notific	ation)
For further information	on concerning this matter, please	e call:	
Michael C. Dorn		at ( 305 ) 469-578	37
(Name	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Departmen	it 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

## Articles of Amendment to Articles of Incorporation of

Name of Corporation as cur			
( Sol porumon us cur	762509	ne i ioi ida bepa oi s	tute,
(Document Nu	umber of Corporati	on (if known)	
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of		this <i>Florida Not For</i>	Profit Corporation adopt
A. If amending name, enter the new name	of the corporation	<u>n:</u>	
Miami Shores 6	Community Tas	k Force, Inc.	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"			corporated" or the
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF			DIVISION OF 11 JUL 2
			9 PH 12:
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office gistered office add	<u>address in Florida, ei Iress:</u>	iter the name of the
Name of New Registered Agent:			<del>_</del>
New Registered Office Address:	(Florid	da street address)	_
			Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registere position.	ting Registered As ed agent. I am j	<mark>gent:</mark> <sup>familiar with and acco</sup>	ept the obligations of the
_	Signature of New	Registered Agent, if ch	anging

## 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)

<u>Title</u>	<u>Name</u>		<u>Address</u>	Type of Action
	<u></u>			
			<u> </u>	
E. If amer	nding or adding addi additional sheets, if no	itional Articles, ent ecessary). (Be spe	er change(s) here:	

The date of each amendment	t(s) adoption: April 6, 2011
Effective date <u>if applicable</u> :	April 6, 2011 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated Apri	16, 2011
Signature _	Mühael C. Don
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Michael C. Dorn
	(Typed or printed name of person signing)
	Director, Vice-Chairman and Treasurer
	(Title of person signing)