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OCT 13 2017

P. WELLE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Maclay North side Dophins Boosters, Inc
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dongming White (Name of Contact Person)
United Swim Club Boosters, In C (Firm/Company)
3235 Pablo Creek Way
Tallahassee, FL 32312 (City/State and Zip Code)
· · · · · · · · · · · · · · · · · · ·
dongming white a gmail com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dongming white at 850-597-2878 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee & S43.75 Filing Fee & 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

FILED

	Articles of incorporation of	17 OCT 12 AM 10: 23
Maclay NorthEnds	2 Dolphins;	SPANTES C
		Dept. of State)
N12 000.	00 5870	
	t Number of Corporation (if know	m)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Po	rofit Corporation adopts the following
A. If amending name, enter the new name of the co		
name must be distinguishable and contain the word "o	Zlub Booster	S Zet C The new
name must be distinguishable and contain the word "company" or "Co," may not be used in the name.	orporation" or "incorporated" o	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable	;	
(Principal office address <u>MUST BE A STREET ADL</u>		
		<u>, </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	X)	
		
D. If amending the registered agent and/or register		er the name of the
new registered agent and/or the new registered		
Name of New Registered Agent:	Dongming	<u>white</u>
<u> </u>	3235 Pab	white lo Creak Way
New Registered Office Address:	(Florid	a street address)
	Tallahassee	Florida 32312
_	(City)	Florida 32312 (Zip Code)
New Registered Agent's Signature, if changing Reg		
I hereby accept the appointment as registered agent.	l am familiar with and accept the	obligations of the position.
		. ~-
	Simulation (1)	1 to make the second
	Signature of New Registered	d 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	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	President	Dan McDariel	
Add Remove			
2) Change	President	Dongming White	
Add			
3) Change			
Remove			
4) Change			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

The date of each amendment(s) adoption:	<u>NA</u>	, if other than the
date this document was signed.	,	
Effective date if applicable:	10/9/2017 e than 90 days after amendment file d	
(no more	e than 90 days after amendment file d	late)
Note: If the date inserted in this block does not me document's effective date on the Department of Sta	,,	irements, this date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the m was/were sufficient for approval.	nembers and the number of votes cast	for the amendment(s)
There are no members or members entitled to adopted by the board of directors.	vote on the amendment(s). The amen	ndment(s) was/were
Dated 10/9/201	7	
Signature		
· •	airman of the board, president or other an incorporator – if in the hands of a residency by that fiduciary)	
	(Typed or printed name of person sign	n(nu)
·	(1) ped of printed hame of person sign	ning)
Pre-	sident, United 5	Swim Club Boosters, In
	(Title of person signing)	