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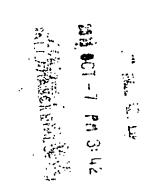
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## **COVER LETTER**

TO: Amendment Section Division of Corporations Study Buddies of Miami, Inc. NAME OF CORPORATION: N19000007925 DOCUMENT NUMBER: \_\_\_\_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Albert Mancebo (Name of Contact Person) Study Buddies of Miami, Inc. (Firm/ Company) 15015 SW 24th Street (Address) Miami, Florida 33185 (City/ State and Zip Code) albert@studybuddiesofmiami.org \_\_\_\_\_ E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 799-1323 Albert Mancebo (Area Code) (Daytime Telephone Number) (Name of Contact Person)

Enclosed is a check for the following amount made payable to the Florida Department of State:

■ \$35 Filing Fee □ \$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status

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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

Study Buddies of Miami, Inc.

## 3.4 (Name of Corporation as currently filed with the Florida Dept. of State) N19000007925 (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: (Florida street address) New Registered Office Address: , Florida \_ (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

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	<u>V</u> <u>Mik</u>	<u>n Doe</u> e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	Albert Mancebo	3103 SW 148 Place
X Add			Miami, Floirda
Remove			33185
2)Change		-	
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	_		
Remove			
6) Change	<del></del>		<del></del>
Add			<del></del>
Remove			

ttach additional sheets, if necessary).	(Be specific)
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	date of each amendment(s) adoption:
date	this document was signed.
Effe	ective date if applicable:
	(no more than 90 days after amendment file date)
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.
Ado	option of Amendment(s) ( <u>CHECK ONE</u> )
	The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	9/27/9 Dated
	A Joseph Market
	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)
	Anabella Dovale
	(Typed or printed name of person signing)
	President of the Board of Directors
	(Title of person signing)