714000002291

(Req	uestor's Name)	
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14 OCT -8 AM 7: 45

C. Lewis 14

COVER LETTER

TO: Amendment Section Division of Corporations

	DORAL V	OLIFYBALL AC	CADEMY CORP			
DORAL VOLLEYBALL ACADEMY CORP DOCUMENT NUMBER: P14000002291						
	Amendment and fee are su	bmitted for filing.				
Please return all correspo	ndence concerning this ma	tter to the following:				
1\	IVOR A CONTRERAS					
D	Name of Contact Person DORAL VOLLEYBALL ACADEMY CORP					
 -		Firm/ Company				
5	001 NW 72 A\					
		Address				
N	11AMI, FL 3316	86				
		City/ State and Zip Cod	e			
AND	REA@DVAVC					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
IVOR A CON	TRERAS	at (305	, 469-4424			
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	□\$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			Address			
	n of Corporations	Amendment Section Division of Corporations				
P.O. Bo		Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle						
		Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of



DORAL VOLLEYBALL ACADEMY CORP

14 OCT -8 AM 7: 45

(Name of Corporation as current	ly filed with the Florida Dept. o	of State)		
P14000002291				_
(Document Number	τ of Corporation (if known)			-
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Profit</i>	Corporation ado	pts the following	g amendment(s) to
A. If amending name, enter the new name of th	e corporation:			
				_The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or "Co". A profe	," or "incorpor ssional corporati	ated" or the action name must (bbreviation contain the
B. Enter new principal office address, if applications of the control of the cont				-
				.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	-
				-
D. If amending the registered agent and/or registered agent and/or the new registered		, enter the name	of the	
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:	(City)	, Florida	75 (0.11)	•
	(City)		(Zip Code)	
New Registered Agent's Signature, If changing I hereby accept the appointment as registered agen			4.1	

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	LEONARDO RIVERA	7094 NW 109 COURT
Add			DORAL, FL 33178
Remove			
2) Change	Р	IVOR A CONTRERAS	7094 NW 109 COURT
Add			DORAL, FL 33178
Remove			
3) Change	VP	MARIA A USSHER	7094 NW 109 COURT
Add			DORAL, FL 33178
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
∩ Ch			
6) Change			
Add			
Remove			

Attach <i>add</i>	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
		······································			
		*			
· ·					
provision	ndment provides for an exchange, reclassification, or cancellation of issued sha as for implementing the amendment if not contained in the amendment itself:	res.			
(if no	ot applicable, indicate N/A)				
· •		M			
. 					

The date of each amendment(s) a date this document was signed. Effective date if applicable:	doption: 09/26/14 09/26/14 (no more than 90 days afte	STATE STATE OF CONTROL		, if other than th
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number cufficient for approval.	of votes cast for the a	mendment(s)	
	proved by the shareholders through voting each voting group entitled to vote separ			
"The number of votes cast	for the amendment(s) was/were sufficien	nt for approval		
by 100 %		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	(voting group)			
The amendment(s) was/were adaction was not required.	opted by the board of directors without sl	hareholder action and	d shareholder	
The amendment(s) was/were adaction was not required.	opted by the incorporators without sharel	nolder action and sha	reholder	
Dated	Dep 19 2014			
selecte	director, president or other officer – if director, president or other officer – if directory and incorporator – if in the hands of the fiduciary by that fiduciary)			_
	(Typed or printed nam	ne of person signing))	_
	(Title of person	on signing)		
	(Title of person	···· ··· <i>-</i> ····· <i>b</i> /		