P1400002291

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COVER LETTER

Division of Corporations NAME OF CORPORATION: DORAL VOLLEYBALL ACADEMY CORP DOCUMENT NUMBER: P14000002291 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: IVOR A CONTRERAS Name of Contact Person DORAL VOLLEBALL ACADEMY CORP Firm/ Company 5001 NW 72 AVE Address MIAMI, FL 33166 City/ State and Zip Code CESAR@ATEACCOUNTING.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **IVOR A CONTRERAS** at (305) 469-4424

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 & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

Mailing Address

TO: Amendment Section

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

Street Address

(Additional copy is

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy (Additional Copy

is enclosed)

Articles of Amendment to Articles of Incorporation of

DORAL	17011	T-7.77		DO AL	$\sim \sim \sim \sim \sim$
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DORAL VOLLET BALL ACADEMY CORP		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P14000002291		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Clorida Profit Corporation adopts the fo	llowing amendment(s)
A. If amending name, enter the new name of the corporation:		
		TT.
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coverage" or "Coverage" or the abbreviation "Inc.," or the abbreviation	Co". A professional corporation name	The new the abbreviation must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
	······································	<u>, , , , , , , , , , , , , , , , , , , </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		1507 4101 2101
	-	
D. If amending the registered agent and/or registered office address		-
new registered agent and/or the new registered office address:		
Name of New Registered Agent		<u>는</u> 및 - 1명 (3)
		38
(Florida stre	et address)	
New Registered Office Address:	, Florida	
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		ition.
Signature of New Ro	egistered 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	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MARIA A USSHER	7094 NW 109 COURT
Add			DORAL, FL 33178
X Remove			
2) Change	SECR	MARIA A USSHER	7094 NW 109 COURT
Add			DORAL, FL 33178
X Remove			
3) Change	 		
Add			
Remove			
4) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
5) Change			
Add			.,
Remove			
6) Change			
Add			<u> </u>
Remove			

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the amer	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by 100 %	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
09/23/2015	
Dated	
Signature	
(By a director, president or other officer - if directors or officers have not been	1
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
FLOR CONTREMAS	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)