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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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John James J

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Orchestra Miami			
DOCUMENT NUM	IBER: <u>N06000001548</u>		
The enclosed Article	s of Amendment and fee	are submitted for filing.	
Please return all corr	respondence concerning th	nis matter to the following:	
Elaine	Rinaldi	of Contact Person)	
	(Name	of Contact Person)	
Orche	stra Miami		·
	(F	irm/ Company)	
PO Box 7598		···	
		(Address)	
<u>Miam</u>	i, FL 33255-7598		· · · · · · · · · · · · · · · · · · ·
For further informati	on concerning this matter	State and Zip Code)	
Elaine Rinaldi		at (786) 797-254	7
(Name o	of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check	for the following amount	made payable to the Florida Dep	partment 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 Add Amendment		Street Address Amendment Section	
Division of C	Corporations	Division of Corporations	
P.O. Box 632 Tallahassee,		Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

Articles of Amendment to Articles of Incorporation of

Orch	iestra Miami, Iറ്റേ	19.
(Name of Corporation as currently	y filed with the Florida Dept. of	State)
	6000001548	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flor the following amendment(s) to its Articles of Incorp		or Profit Corporation adopts
A. If amending name, enter the new name of the	e corporation:	
The new name must be distinguishable and conta abbreviation "Corp." or "Inc." "Company" or "Comp		
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		8
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>)	HASSEE, FLORIE
D. If amending the registered agent and/or reginew registered agent and/or the new register Name of New Registered Agent:		, enter the name of the
New Registered Office Address:	(Florida street address)	
		, Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered as position.	Registered Agent: gent. I am familiar with and i	accept the obligations of the
Sign	nature of New Registered Agent, i	f changing

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) **Title** Name Address **Type of Action** _ 🗖 Add ☐ Remove _____ 🖸 Add _____ Remove _ 📮 Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) DELETE Article 3 and ADD the following Article 3: Said organization is organized exclusively charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal code.

· If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendmen	nt(s) adoption: November 21, 2008
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/w was/were sufficient for ap	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 d	members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.
Dated No.	Wember 21, 2008 Mach
(E ha	by the chairman or vice chairman of the board, president or other officer-if directors are not been selected, by an incorporator — if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
	Elaine Rinaldi (Typed or printed name of person signing)
	Music Director (Title of person signing)

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