

N14000001053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

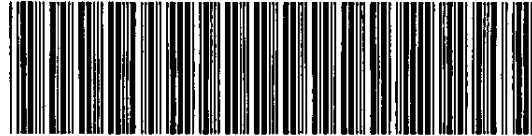
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 OCT 29 PM 3:52

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

NOV - 2 2015

C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 15, 2015

SCOTT OSMAN  
10955 SW 69TH COURT  
PINECREST, FL 33156 US

SUBJECT: CUDX XCOUNTRY BOOSTER CLUB, INC.  
Ref. Number: N14000001053

We have received your document for CUDX XCOUNTRY BOOSTER CLUB, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 315A00021892

*Thank You!*  
*Scott Osman*

RECEIVED  
15 NOV -2 PM 12:28

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: CUDA XCOUNTRY BOOSTER CLUB, Inc

DOCUMENT NUMBER: N14000001053

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT OSMAN

(Name of Contact Person)

(Firm/ Company)

10955 SW 69 COURT

(Address)

PINECREST, FL 33156

(City/ State and Zip Code)

SADADVISORS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT OSMAN

(Name of Contact Person)

at

305-632-6918

(Area Code) (Daytime Telephone Number)

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

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE FILINGS

15 OCT 29 PM 3: 53

CUDA XCOUNTRY BOOSTER CLUB, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N14000001053

(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:**

CUDA RUNNERS CLUB OF MIAMI, INC

*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:

New Registered Office Address:

*(Florida street 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 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

- |  |             |                         |  |
|--|-------------|-------------------------|--|
| 1) <input checked="" type="checkbox"/> Change<br>____ Add<br>____ Remove | <u>PD</u>   | <u>JEANIE BERRYHILL</u> | <u>20715 GULFSTREAM Rd.</u><br><u>CUTLER BAY, FL 33189</u> |
| 2) ____ Change<br><input checked="" type="checkbox"/> Add<br>____ Remove | <u>VD</u>   | <u>ELENA REONDO</u>     | <u>10450 SW 123 CT</u><br><u>MIAMI, FL 33186</u>           |
| 3) ____ Change<br><input checked="" type="checkbox"/> Add<br>____ Remove | <u>VD</u>   | <u>CECILIA SHELLEY</u>  | <u>110600 SW 80 AVE.</u><br><u>MIAMI, FL 33157</u>         |
| 4) ____ Change<br><input checked="" type="checkbox"/> Add<br>____ Remove | <u>SD</u>   | <u>LISA CANTIN</u>      | <u>10702 SW 138 PL</u><br><u>MIAMI, FL 33186</u>           |
| 5) <input checked="" type="checkbox"/> Change<br>____ Add<br>____ Remove | <u>TV D</u> | <u>SCOTT OSMAN</u>      | <u>10955 SW 69 CT</u><br><u>PINECREST, FL 33156</u>        |
| 6) ____ Change<br>____ Add<br>____ Remove                                | _____       | _____                   | _____<br>_____<br>_____                                    |

**E. If amending or adding additional Articles, enter change(s) here:**

(attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: \_\_\_\_\_  
date this document was signed. If other than the  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

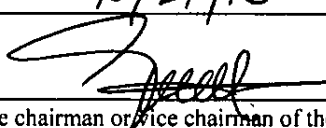
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date) 15 OCT 29 PM 3: 53

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast 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.

Dated 10/27/15

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)

SCOTT OSMAN

(Typed or printed name of person signing)

DIRECTOR, TREASURER, VP

(Title of person signing)