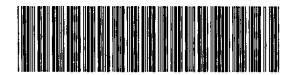
# 771091

(Requestor's Name	<del>)</del>
(Address)	
(Address)	
(City/State/Zip/Pho	ne #)
PICK-UP WAIT	MAIL
(Business Entity N	ame)
(Document Numbe	er)
Certified Copies Certificat	es of Status
Special Instructions to Filing Officer.	

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13 OCT -7 PM 1: 54 SECRETARY OF STATE ALLAHASSEE, FLORID

C. LEWIS

OCT 1 4 2013

EXAMINER

#### **COVER LETTER**

3 - A

TO: Amendment Section ....

Division of Corporations	
NAME OF CORPORATION: University of	Pennsylvania Dade Alumni Club, I
DOCUMENT NUMBER: 771097	
The enclosed Articles of Amendment and fee are submitted for	filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Dennis Brady (Name of	Contact Person)
(Firm	n/ Company)
3535 S. Modrings Way	Address)
MicMi, FL 33133 (City/Sta	te and Zip Code)
E-mail address: (to be used for future	
For further information concerning this matter, please call:	
Dennis 'Chip' Brady (Name of Contact Person)	at (305) 408-2937 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the	he Florida Department of State:
	ed Copy Certificate of Status onal copy is Certified Copy
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

		OI				
University of Denn	allania	Dade	Humni 1	Ulub, Er	ንር.	
(Name of Corporation as currently filed	with the Flor			<u> </u>		
1710	97					
(Document	Number of Co	erporation (if kn	own)			
Pursuant to the provisions of section 617.1006, I amendment(s) to its Articles of Incorporation:	Florida Statute	s, this <i>Florida N</i>	lot For Profit C	orporation adopts	the following	
A. If amending name, enter the new name of	the corporati	on:				
		<del></del>	<del></del>		The new	
name must be distinguishable and contain the w "Company" or "Co." may not be used in the no		ion" or "incorp	orated" or the a	bbreviation "Cor <sub>l</sub>	p." or "Inc."	
B. Enter new principal office address, if appl (Principal office address <u>MUST BE A STREE</u> )	icable: <u>CADDRESS</u> )			- <del></del>		
					<del></del>	
					<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	EE BOX)				SEI TAL	
	<del></del> ,				OCT AH	A P
					-7	FAR
D. If amending the registered agent and/or renew registered agent and/or the new registered agent ag			orida, enter the	name of the	STATE STATE	te:
Name of New Registered Agent:					77	
New Registered Office Address:		(Florida street addı	ers)			
			, Flo	rida		
	(City)			(Zip C	Code)	
New Registered Agent's Signature, if changin				_		
I hereby accept the appointment as registered as	gent. I am far	niliar with and o	uccept the obliga	itions of the positi	on.	

Page 1 of 4

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 X Add	V Mike	Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change  Add  Remove	<u>P</u>	Faquiny Diaz	200 Crandon Blvd Suite 32, # 121 Key Biscayne FL 3314
2) Change Add Remove	<u>P</u>	Stacey Shoer	
3 ) Change Add Remove	I_	Amelia Balonek	200 Crandon Blud Suite 32 #121 Key Discayne, FL 33149
4) Change Add Remove	I	Chip Brady	3535 S. Moorings Way Miami, FL 33133
5) Change Add Remove			
6) Change Add			

E. If amending or adding additional Arti	cles, enter change(s) here:	
E. If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)	
•		
	· · -	
	<del></del>	
	<del></del>	
	· -·	
		· · · · ·
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The date of each amendment(s) ad	loption:	, if other than the
date this document was signed.		APPROVED
Effective date if applicable:		FUND LE
	(no more than 90 days after amendment file	date) 13 0C1
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	TALLAHASSA OF O
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes casal.	st for the amendment(s)  13 0C1 - 7 PM 1:54  SECRETARY OF STATE ORIDA
There are no members or members adopted by the board of directors	bers entitled to vote on the amendment(s). The amores.	
Dated 10/2	12013	
Signature 7	nin Blod	
	rman or vice chairman of the board, president or other	
	en selected, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	a receiver, trustee, or
Denni	S'Cluip' Parady (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
TY	easurer	
	(Title of person signing)	_