## M79024

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
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**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Banana Club, Inc.
DOCUMENT NUMBER: M79024
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Saa Mi Zrayi Name of Contact Person
Bonara Club, Inc.
19401 West Dixie Highway Address
City/ State and Zip Code  Smi 2ro i D J (united). Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Scio Cyo Feld at (305) 933 7100  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 \$\bigcup \$43.75 Filing Fee \$\bigcup \$43.75 Filing Fee \$\bigcup \$Certificate of Status\$ Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
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

VI
Bonona Club, Inc
(Name of Corporation as currently filed with the Florida Dept. of State)
M79024
(Document Number of Corporation (if known)

A. If amending name, enter the new name of	<u> </u>		The nev
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "In	c," or "Co". A professional	ited" or th
B. Enter new principal office address, if app			
Principal office address <u>MUST BE A STREE</u>	ET ADDRESS )		
			=======================================
. Enter new mailing address, if applicable	<b>e:</b>		8
(Mailing address <u>MAY BE A POST OFFI</u>	ICE BOX)		<b>- ≥</b>
			<b></b>
			9: 07
. If amending the registered agent and/or	registered office address	in Florida, enter the name of	
. If amending the registered agent and/or new registered agent and/or the new regi		in Florida, enter the name of	
new registered agent and/or the new regi		in Florida, enter the name of	
		in Florida, enter the name of	
new registered agent and/or the new regi			
new registered agent and/or the new regi	istered office address:		
		in Florida, enter the name of	

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)

Title .	Name	<u>Address</u>	Type of Action
Secretary	Jaime Grosfeld	N mioni F. 33181	Add Remove
Secretary	Scra Mizraji	19401 West DixieHigha Mirmi FL 33180	Add Remove
			Add Remove
E. <u>If a</u> mendin	g or adding additional Articles, enter o	change(s) here:	•
	tional sheets, if necessary). (Be specifi		
provisions	dment provides for an exchange, recla for implementing the amendment if n applicable, indicate N/A)	assification, or cancellation of issot contained in the amendment in	ued shares, tself:

The date of each amendment(s) a	doption:	June 62	<u> </u>	
Fee-Alica John Senan Bookley	(date of	adoption is requir	ed) CJO	
Effective date if applicable: (no	more than 90 days afte	er amendment file d	date)	
• '		<b>,</b>	,	
Adoption of Amendment(s)	(CHECK ON	<u>E</u> )		
The amendment(s) was/were ad by the shareholders was/were so		ers. The number o	f votes cast for the am	endment(s)
The amendment(s) was/were ap must be separately provided for				
"The number of votes cast	for the amendment(s) w	vas/were sufficient	for approval	
by		,,,		
	ing group)			
The amendment(s) was/were ad action was not required.	opted by the board of d	lirectors without sh	areholder action and s	shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporat	ors without shareh	older action and share	holder
Dated	h 2 20			
	rector president or other			
	by an incorporator – if d fiduciary by that fidu		eceiver, trustee, or oth	ier court
	Salo	Gros	feld	
	(Typed or prin	ted name of person	signing)	
	Dire	ctor 1	ores.	
	(Title of person sig	gning)		