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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

Sight & Sound of Gold Patrons Association, Inc. N02000006186 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Isabel Jimeno (Name of Contact Person) Barbara Goleman Senior High School (Firm/ Company) 14100 NW 89 AVE (Address) Miami Lakes, FL 33018 (City/ State and Zip Code) jimeno30@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Isabel Jimeno (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 (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Cornoration as current	ly filed with the Florida Dept. of Stat		_	
N02000006186	mor me i toriua pepa di Stat	<u>z</u> ,		
(Documen	t Number of Corporation (if known)		_	
ursuant to the provisions of section 617. mendment(s) to its Articles of Incorporate		For Profit Corporation adopts the	e following	3
. If amending name, enter the new na	me of the corporation:			**
			_The new	,
ame must be distinguishable and contair Company" or "Co." may not be used in	the word "corporation" or "incorpor the name	ated" or the abbreviation "Corp."	or "Inc."	
. Enter new principal office address, Principal office address MUST BE A ST			_	
meipa office dadress most bents			_	
				
Enter new mailing address, if appli				
(Mailing address MAY BE A POST C	<u> </u>	·	_	
			_	
				
. If amending the registered agent and		da, enter the name of the		
new registered agent and/or the new			12	V
Name of New Registered Agent:	Isabel Jimeno	· ·	*	SIU
	14100 NW 89 AVE		2 MAY -7	20
	(Florida street address)			20
lew Registered Office Address:	NAS	00040	=	RPC
	Miami Lakes	, Florida 33018	S.1:8)RA
	(City)	(Zip Code)	Ę,	Ξ
ew Registered Agent's Signature, if ch	anging Registered Agent:			Ō
nereby accept the appointment as registe	red agent. I am familiar with and acc	ept the obligations of the position.		
Sion	ndture of New Registered Agent, if chan	aina		

Page 1 of 4

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	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
Change Add Remove	Р	Giovanna Rodriguez	14100 NW 89 AVÉ Miami Lakes, FL 33018	
2) Change Add _X Remove	S	Erick Rodriguez	14100 NW 89 AVE Miami Lakes, FL 33018	
Change X Add Remove	Р	Isabel Jimeno	14100 NW 89 AVE Miami Lakes, FL 33018	
4) Change Add Remove	D	Ivonne Mesa	317 W 35 St Hialeah, FL 33012	
5) Change × Add Remove	<u>s</u>	Mabel Gonzalez	14100 NW 89 AVE Miami Lakes, FL 33018	
6) Change Add Remove		_		

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)

The d	late of each amendment(s) adoption: 424 12
Effect	tive date <u>if applicable</u> :
	(no more than 90 days after amendment file date)
Adop	otion 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 4-24-12
	Signature Opch I O
	(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)
	Isabel Jimeno
	(Typed or printed name of person signing)
	President
	(Title of person signing)