

NO30000006566

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(Address)

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(City/State/Zip/Phone #)

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*Amend*

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JUL -6 AM 8:30

Roberts JUL 09 2009

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BANKERS CLUB OF MIAMI, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N03000006566

The enclosed ~~Statement of Change of Registered Office/Agent and fees submitted for filing.~~

Please return all correspondence concerning this matter to the following:

KEN HENSON  
(Name of Contact Person)

BANKERS CLUB OF MIAMI, INC.  
(Firm/Company)

ONE BISCAYNE Tower, 14<sup>th</sup> Floor  
(Address)

MIAMI, FL. 33131  
(City/State and Zip Code)

For further information concerning this matter, please call:

KEN HENSON at (305) 374-1448  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**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 CORPORATIONS  
09 JUL -6 AM 8:30

Bankers Club of Miami, Inc.

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

\_\_\_\_\_  
(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:**

\_\_\_\_\_  
*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*



The date of each amendment(s) adoption: \_\_\_\_\_

6/24/2009

Effective date if applicable: \_\_\_\_\_

6/24/2009  
(date of adoption is required)

(no more than 90 days after amendment file date)

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 \_\_\_\_\_

6/29/2009

Signature \_\_\_\_\_

Rayfield M. McGhee Jr.

(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)

Rayfield M. McGhee Jr.

(Typed or printed name of person signing)

Chairman

(Title of person signing)