100300007959

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
,		

Office Use Only



800210394198

08/01/11--01016--004 **35.00





Mally

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: The Coral Gal	oles Mu	seum Corp	
DOCUMENT NUM	BER: N0300007959	-, , ,		
The enclosed Articles	s of Amendment and fee are sub	mitted for	r filing.	
Please return all corre	espondence concerning this matt	er to the	following:	
		stine Ru		
	(Name of	Contact F	Person)	
	The Coral Ga	bles Mu	seum Corp	<u> </u>
	(Firm	/ Compan	ıy)	
	2815 Ar	agon Av	/enue	
	(A	Address)		
•	Coral Gal	bles, FL	33134	
	(City/ Stat	e and Zip	Code)	
	chris@coralg E-mail address: (to be used			cation)
For further information	on concerning this matter, please	call:		
Christine Rupp		at (305) 603-80	67
	of Contact Person)			ime Telephone Number)
Enclosed is a check for	or the following amount made pa	ayable to	the Florida Departmer	nt of State:
☑\$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	Certif	3.75 Filing Fee & ied Copy tional copy is sed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314		Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

Articles of Amendment to **Articles of Incorporation** of

The Coral Gables Museum Corp

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

N0300000	7959	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida she following amendment(s) to its Articles of Incorporate		Profit Corporation adopts
a. If amending name, enter the new name of the cor	poration:	;
he new name must be distinguishable and contain the bbreviation "Corp." or "Inc." "Company" or "Co." i		ncorporated" or the
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX))	
. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent:		nter the name of the
New Registered Office Address:	(Florida street address)	
	,	. Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Regist		
hereby accept the appointment as registered agent. osition.	I am familiar with and acc	ept the obligations of the
Signature	of New Registered Agent, if co	hanging

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>Dir</u>	Arva Moore Parks	1601 South Miami Avenue Miami, FL 33129	
E. If amendation (attach a	ding or adding additional Articles, dditional sheets, if necessary). (Be	enter change(s) here: specific)	
		 	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) a	doption: 7/26/11
•	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adwas/were sufficient for approval	lopted by the members and the number of votes cast for the amendment(s) l.
There are no members or mem adopted by the board of directo	bers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Dated_7/26/11 Signature(By the chave not	chairman of vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, o
	urt appointed fiduciary by that fiduciary)
	George Kakouris
	(Typed or printed name of person signing)
	Chairman
	(Title of person signing)