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## **COVER LETTER**

TO: Amendment Section Division of Corporations

#### GOLDEN GATE HIGH SCHOOL BAND BOOSTERS INC

NAME OF CORPORATION:	
N04000004535	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning t LAURA MICCICHE	his matter to the following:
	(Name of Contact Person)
GOLDEN GATE HIGH SCHOOL BAND BO	OOSTERS INC
	(Firm/ Company)
2925 TITAN WAY	
<u> </u>	(Address)
NAPLES FLORIDA 34116	
	(City/ State and Zip Code)
GGHSBANDBOOSTERS@GMAIL.COM	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	r, please call:
LAURA MICCICHE	978 3372380
	at
(Name of Contac	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### Articles of Amendment

to

# Articles of Incorporation

of

GOLDEN GATE HIGH SCHOOL BAND BOOSTERS, INC.

rsuant to the provisions of section 617.1006, Florida Stati nendment(s) to its Articles of Incorporation:	utes, this Florida Not For Prof	71 Corporation adopts the following
If amending name, enter the new name of the corpor	ation:	
/A		The new
me must be distinguishable and contain the word "corportions or "Co," may not be used in the name.	ration" or "incorporated" or t	he abbreviation "Corp." or "Inc."
	N/A	
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRES		
meipus office address most sugar states	·· ,	17.
		00:
		2021 067 -7
Enter new mailing address, if applicable:	N/A	-1
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<del></del>	
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	<del> </del>	9: 35
If amending the registered agent and/or registered of	ffice address in Florida, enter	the name of the
new registered agent and/or the new registered office		
N/A		
Name of New Registered Agent:		
	77 1	
New Registered Office Address:	(r toriaa si	reet address)
	(Cin.)	Florida (Zip Code)
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registere	ed Agent:	
ereby accept the appointment as registered agent. I am	familiar with and accept the ob	ligations of the position.

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	PT John Do V Mike Jo SV Sally So	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	Secretary	LAURA GARCIA	2925 TITAN WAY NAPLES, FL34H6
X Remove  2) Change X Add	Secretary	AMY LYBERG	2925 Titan Way Naples, Fl 34116
Remove			
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add			
Remove  F. If amending or additional sheel		icles, enter change(s) here: (Be specific)	

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	J.				
The date of each amendment	n/a (s) adoption:				if other than th
date this document was signed.				<del></del> _	
meet at the area of the second	August 31/2020				
Effective date if applicable:	(no more	than 90 days after	r amendment file	date)	·
Note: If the date inserted in the	is block does not me	et the applicable st			e will not be listed as the
document's effective date on the	ie tzepartment of St	ne s records.			
Adoption of Amendment(s)	( <u>CHEC</u>	CK ONE)			
☐ The amendment(s) was/w was/were sufficient for ap		nembers and the nu	imber of votes ca	ast for the amendme	ent(s)

There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
Dated	10/2/2020
Signature	Laure & Micriche
	(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)
	Laura T Micciche (Typed or printed name of person signing)
	President
	(Title of person signing)