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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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NAME OF CORPORATION: MIGM	Figure Skat	ing Club Inc.
DOCUMENT NUMBER: NO4 00		
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
1/20		_
Krishr	na Juenaci Name of Contact Person	<u>S</u>
	•	
Miam	1 Figure S	Kating Club
-	(Firm/ Company)	<del></del>
1573	8 5.W. 102 (Address)	Street
	(Address)	
Micu	ni IZ	33196
(	City/ State and Zip Code)	
miamifiqu	ire skating cl	ub@ gmail.com
E-mail address: (to be used	or future annual report notif	ication)
For further information concerning this matter, please of	all:	
Kristina Sciengas (Name of Contact Person)	at	305-989-1986
(Name of Contact Person)	(Area C	ode) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Departme	ent of State:
\$35 Filing Fee  \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Add	
Amendment Section Division of Corporations	Amendmen	ESection Corporations
P.O. Box 6327		c of Tallahassee
Tallahassee, FL 32314		Ionroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

_ Miami Figure Skat	ing Club, Ir	nc	17 SEE
(Name of Corporation as currently filed with the F	lorida Dept. of State)		· · ·
NC	400000	518.9	
(Documen	nt Number of Corporation	(if known)	
D			
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this Florida No	ot For Profit Corporation a	idopts the follow
A. If amending name, enter the new name of the co	orporation:		
			The ne
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation or incorpol	rated or the abbreviation	"Corp. or "Inc.
P. Carran and St. J. Co., Addison 16 and Parklin			
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI			
		<del></del>	
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
D. If amending the registered agent and/or registe	red office address in Flo	rida, enter the name of th	<u>e</u>
new registered agent and/or the new registered	office address:		
Name of New Registered Agent:			
-		(Florida street address)	
New Registered Office Address:			
_		Florida	a
	(City)	(Zip	Code)
New Registered Agent's Signature, if changing Reg	gistered Agent:		
I hereby accept the appointment as registered agent.	I am familiar with and ac	ecept the obligations of the	position.
	Signature of Nino D	egistered Agent, if changing	a d
	organiane of New At	евыесей муст, принципр	ĸ

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 De           V         Mike Je           SV         Sally S:	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change Add	I	Lisa Carcases	10355 Hammucks Blvd Miami Fi 33196
Remove  2) Change Add	I	Karenia Estevez	10355 Heimmarks BlVd MIMMI FL 33196
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add		<u> </u>	
Remove			
6) Change Add	<del></del>		
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	

(no more than 90 days after amendment file	edate)
Effective date if applicable:  (no more than 90 days after amendment file	
The date of each amendment(s) adoption:	, if other than the
	- · · · · <del>- ·</del>
•	

document's effective date on the Department of State's records.

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 9/1/2022
	Signature Discussion Vigue
	(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)
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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