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EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Vipre NJROTC	Booster Club, Inc.
DOCUMENT NUMBER: <u>N05000000014</u>	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
Kathy Ortiz	
· (Name	of Contact Person)
Law Offices of Kravitz & Guerra	
(Fi	rm/ Company)
800 Brickell Avenue, #701	
	(Address)
Miami, Florida 33131	
(City/S	tate and Zip Code)
· ·	sed for future annual report notification)
For further information concerning this matter, plea	sse call:
Kathy Ortiz	at (305) 205-2608
(Name of Contact Person)	(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 Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
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

Vipre NJROTC Booster Club, In	nc.				
(Name of Corporation as cur	rently filed with	he Florida Dept. of Stat	<u>e</u>)		
N0500000014					
(Document Nu	mber of Corporati	on (if known)			
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of I		this Florida Not For Pr	ofit Corporation (adopts	;
A. If amending name, enter the new name	of the corporation	<u>ı:</u>			
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"			rporated" or the		
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE					3
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF.				NOV -4 PH 12: 03	EGICHARY OF STATISTICAL OF CORPORATION
D. If amending the registered agent and/or new registered agent and/or the new reg			r the name of the	,	
Name of New Registered Agent:	Kathy Ortiz				
•	8002 SW 149 A	venue, #B409			
New Registered Office Address:	(Flori	da street address)	•		
	Miami		, Florida 33193		
		(City)	(Zip Code)		
New Registered Agent's Signature, if chang	ing Registered A	<u>gent:</u>			

I hereby accept the appointment us registered agent. I am familiar with and accept the obligations of the

position.

Signature of New Registered Agent, if changing

Page 1 of 4

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	. <u>Name</u>		Address	
Pres.	•			
1)President	Lyssa Larsen	100	14 Hammock Blvd	
-/ <u></u>		Miam	, Florida 33193	
70.00				
Twes.	Katherine Ortiz	9000	CIAL 140 Avenue	
2) Treasurer	Tallome Onz	#B409	SW 149 Avenue	
			i, Florida 33193	
Sec.		- Mail	11 101100 00 100	
Sec. 3) Socretary	Mariuska Puente	1133	SW 161 Court	
-	"	Miami,	Florida 33196	
				
Δ.				
4)				
				· · ·
5)				
			 	
•				
6)				
		•		
If REMOVING	an officer and/or director, plea	se list the title(s)	and name of the officer	director to b
removed:				
Title(s)	<u>Name</u>	Title(s)	<u>Name</u>	
	D: D:			
1) DP	Diana Pique	4)		
2) DV .	Raisa Ginebra	5)		
<u> </u>	Traisa Gilloota	5)		
3) <u>DT</u>	Rosemary Esquea	6)		

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

A STATE OF THE STA	1107-1107-1-7-7-7-1-7-1-7-7-7-7-7-7-7-7-

The date of each amendmen	t(s) adoption: October 28, 2011
Effective date if applicable:	October 28, 2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or nadopted by the board of directions.	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated Octo	ober 28, 2011
Signatur	Liona lique
hav	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator—if in the hand of a receiver, trustee, of er court appointed fiduciary by that fiduciary)
	Diana Pique
	(Typed or printed name) of person signing)
	President
•	(Title of person signing)

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