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(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Fusion Extren	ne All Stars, Inc.	
DOCUMENT NUME	BER: N07000006612		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	Cyn	thia Cohen	
	(Name of	Contact Person)	
	Fusion Extr	eme All Stars, Inc.	
	(Finr	n/ Company)	
	12743 N.	Winners Circle	•
	(.	Address)	
	Davie	e, Fl. 33330	
•	(City/ Sta	te and Zip Code)	
	Ironwom	an45@aol.com	
	E-mail address: (to be use	d for future annual report notific	ration)
For further information	n concerning this matter, pleas	e call:	
Cynthia Cohen		at (<u>954</u>) <u>873 - 90</u> (Area Code & Dayti)73
(Name o	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check fo	r the following amount made p	payable to the Florida Departmen	at of State:
□\$35 Filing Fee	✓ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisio P.O. B	ng Address dment Section on of Corporations ox 6327 assee, FL 32314	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cente	ons

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Fusion Extreme All Sta	rs, Inc.	
(Name of Corporation as currently filed with	the Florida Dept. of State)	
N07000006612		
(Document Number of Corporate	ion (if known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	, this <i>Florida Not For Profit</i>	Corporation adopts
A. If amending name, enter the new name of the corporatio	<u>n:</u>	
South Florida All Stars Cheer a	nd Dance, Inc.	
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not	"corporation" or "incorpo	rated" or the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		SE SE
		SEP 21
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Y PH S
		TAIL
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado		he name of the
Name of New Registered Agent:		
New Registered Office Address: (Flori	ida street address)	
	(City)	lorida (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am position.		e obligations of the

Signature of New Registered Agent, if changing

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
			Add Remove
	,—————		Add Remove
			Add Remove
(attach addii Added to Art	g or adding additional Articles, enter control ional sheets, if necessary). (Be specificated in the specif	mateur sports competition.	
	ution of the corporation, assests sh		more
	oses with in the meaning of section		
	corresponding section of any future		
	I government, or to a state or local		
	not so disposed of shall be dispos		
·	in which the principle office of the		
	e or to organization or organization	·	
	d and operated exclusively for suc		
•			.

The date of each amendment(s) :	adoption: 07-10-09
	(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 a was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.
There are no members or mem adopted by the board of directors	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated_09/10/0	9
Signature	One Ch
(By the have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, of ourt appointed fiduciary by that fiduciary)
_	Cynthia Cohen
	(Typed or printed name of person signing)
_	President
_	(Title of person signing)

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