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COVER LETTER

TO: Amendment Section Division of Corporations

MSD Drama Boo NAME OF CORPORATION:	oster Club, Inc.		
N07000010395 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
Michelle Harrypersad			
	(Name of Contact Pe	rson)	
	(Firm/ Company)	
8547 NW 46th Dr			
	(Address)	, <u> </u>	
Coral Springs, FL 33067			
	(City/ State and Zip C	Code)	 ,
msddramabooster@gmail.com			
E-mail address: (to be u	sed for future annual repo	ort notification	n)
For further information concerning this matter, ple	ase call:		
Michelle Harrypersad	at	954	242-5607
(Name of Contact Pers			(Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Florida D	epartment of	State:
☐ \$35 Filing Fee	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Diffling Fee cate of Status ied Copy tional Copy is sed)
Mailing Address Amendment Section		et Address endment Secti	on

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

MSD Drama Booster Club, Inc.		
(Name of Corporation as currently filed with the Flo	rida Dept. of State)	
N07000010395		2024 AUG 26
(Document)	Number of Corporation (if kno	own) SEC
Pursuant to the provisions of section 617,1006, Florida 5 amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The ner
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	rporation" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS)	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If amending the registered agent and/or registered	l office address in Florida, e	nter the name of the
new registered agent and/or the new registered of	fice address:	-
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	(Flori	da street address)
		(O) 11
-	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regist	orad Agant	· •
hereby accept the appointment as registered agent. I a	m familiar with and accept th	e obligations of the position.
	Signature of New Registers	at Come 16 to 1
	- SIGNANUC OF BUY TURISTIN	a averi ii cranodio

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 Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
T) Change Add	<u>T</u>	Davna Robbins	12274 NWS 48th Dr Coral Springs, FL 33076
x Remove			
2) Change Add	<u>T</u>	Emily Michelle Harrypersad	8547 NW 46th Dr Coral Springs, FL 33067
Remove 3)	Concess	Tracy Lemus	12148 NW 53 St Coral Springs, FL 33067
4) Change Add	Webmas	Shelby Morris	4724 NW 120th Dr Coral Springs, FL 333076
× Remove			
5) Change Add	<u>Fundrais</u>	Melissa Schultz	8650 Miralago Wav Parkland, FL 33076
× Remove			
6) Change	<u>S</u>	Emily Michelle Harrypersad	8547 NW 46th Dr Coral Springs, FL 33067
Remove			
E. If amending or addin (attach additional shee.		cles, enter change(s) here: (Be specific)	
Officer: Add - Webmaster	r - Anahelena Nate	era, 8124 NW 122nd Ln., Parkland, FL 33076	<u> </u>
Officer: Add - Concession	ns - Nina Hersch, 8	8977 NW 58th Ct., Parkland, FL 33067	
			

The date of each amendment(s) adoption: date this document was signed.	if other than th
Effective date if applicable: (no more than 90 days after amendment)	21. 1

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Dated	August 21, 2024
Signati	ire Employed
C	(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)
	Emily Michelle Harrypersad
	(Typed or printed name of person signing)

(Title of person signing)