## Y000005427

-	(Requestor's Name)
-	(Address)
. <b>.</b>	(Address)
-	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
. ~=	(Business Entity Name)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

P.O. Box 6327

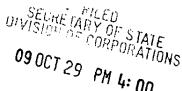
Tallahassee, FL 32314

NAME OF CORPO	RATION: CB Sports Cli	ub Corporation	
DOCUMENT NUM	IBER: N08000005427		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corn	espondence concerning this ma	tter to the following:	
		aula Ruiz	
	(Name o	f Contact Person)	
	(Fin	n/ Company)	
	1032	21 sw 212 st	
	(	(Address)	
		ni-FL 33189	
	(City/ Sta	ate and Zip Code)	
<del></del> ,		@yahoo.com ed for future annual report notificati	on)
For further information	on concerning this matter, pleas	se call:	
Paula Ruiz		at ( · 786 ) 299-1542	
(Name	of Contact Person)	(Area Code & Daytime	: Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Department of	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)
Ame	ing Address adment Section ion of Corporations	Street Address Amendment Section Division of Corporations	•

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Florida 33189

(Zip Code)

OI.	
CB Sports Club Corp	4. 00
(Name of Corporation as currently filed with	the Florida Dept. of State)
N0800005427	
(Document Number of Corporat	tion (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Corporation</i> adopts
A. If amending name, enter the new name of the corporation	on:
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no	
B. Enter new principal office address, if applicable:	10321 sw 212 st
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Miami-FL 33189
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	·
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad-	
Name of New Registered Agent: F	Paula Ruiz
103	21 sw 212 st

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Signature of New Registered Agent, if changing

(Florida street address)

Miami (City)

Page 1 of 3

## 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>	<u>Address</u>	Type of Action
Р	Serjio Ruiz	10321 sw 212 st	
		Miami-FL 33189	
<u>D</u>	Paula Ruiz	10321 sw 212 st Miami-FL 33189	
<del></del>			
E. If amen (attach a	ding or adding additional Article additional sheets, if necessary). (I	s, enter change(s) here: Se specific)	
	<u> </u>		
		<u> </u>	
	<del></del>		

The date of each amendment(s) adoption: 10/27/09
Effective date if applicable: 10/01/09 (date of adoption is required)
(no more than 90 days after amendment file date)
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 10/27/09
Signature
(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)
Paula Ruiz
(Typed or printed name of person signing)
Director
(Title of percon signing)