## N0800005798

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Shark Band Boosters Inc.				
DOCUMENT NUMBER: <u>N08000005798</u>	and the second s			
The enclosed Articles of Amendment and fee a	are submitted for filing.			
Please return all correspondence concerning the	is matter to the following:			
Lucy E. Garcia	of Contact Borrow			
(Name	of Contact Person)			
Shark Band Boosters Inc.				
(Fi	rm/ Company)			
900 NW 132 Place	(A.11			
	(Address)			
Miami, Florida 33182	State and Zip Code)			
For further information concerning this matter,	•			
Lucy E. Garcia	at ( <u>305</u> ) <u>338-006</u>			
(Name of Contact Person)	(Area Code & Daytime	e Telephone Number)		
Enclosed is a check for the following amount n	nade payable to the Florida Dep	partment 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)		
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 C	ircle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with		<b></b>
N080000057		_ D
(Document Number of Corporat		
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 Con</i>	<i>poration</i> adopts
A. If amending name, enter the new name of the corporatio	<u>n:</u>	
		2 g
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not		d High As I
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	900 NW 132 Place	SEE -
	Miami, Florida 33182	52 4
·		25 2 25 2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	900 NW 132 Place	
	Miami, Florida 33182	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add		ame of the
Name of New Registered Agent: Lucy E. Garc	ia	
900 NW 132  New Registered Office Address: (Flori	Place da street address)	
<u>Miami</u>	, Florid	da 33182 Code)
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am position.		oligations of the
Signature of New	Recovered Agent if changing	_

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>	Address	Type of Action
<u>Presid</u>	Lucy E. Garcia		☑ Add ☐ Remove
Vice-P	Mirthala Brantome		☑ Add □ Remove
Assis#	John R. Bourgoin		☑ Add ☑ Remove
	g or adding additional Articles, enter citional sheets, if necessary). (Be specific		
Article X: As	ionthly meeting and/or conference of 11/20/08- No future Amendme nature of all the officers and a mee	nt. Dissolution can be made	
		•	

The date of each amendment(s) adoption: 11/19/08				
Effective date if applicable:	11/19/08			
<u></u> .	(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	are adopted by the members and the number of votes cast for the amendment(s) roval.			
There are no members or adopted by the board of dir	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.			
Dated	11/19/08			
Signature	Juan E. Janen			
hav	the chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator — if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)			
	(Typed or printed name of person signing)			
	(Title of person signing)			
	(Title of person signing)			