ND8000007585

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13 AUG -5 PH 2: 01
SECRETARY OF STATE
ALLAHASSEE, FI ORIGA

C. LEWIS

AUG - 7 2013

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

		et .
NAME OF CORPORATION: GABLET	TE BOOST	ER CLUB CORP.
DOCUMENT NUMBER: NO800007	7585	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
BARBRA HARLEY		
	(Name of Contact Perso	n)
GABLETTE BOOSTER	CLUB COR	P.
	(Firm/ Company)	
625 SAN LORENZO AV	ENUE	
	(Address)	
CORAL GABLES FL 33	146	
	(City/ State and Zip Cod	e)
Barbrah@aol.con		
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
TANIA C. GARCES	_{at} 305	_, 537-7116
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 13 AUG -5 PM 2: 02 SEGRETARY OF STATE

GABLETTE BOOSTER CLUB CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

N08000007585

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

ime must be distinguishable and contain t C <mark>ompany" or "Co." may not be used in t</mark>	the word "corporation" or "incorporated" or the name.	T the abbreviation "Corp." or
Enter new principal office address, if rincipal office address <u>MUST BE A ST</u>		
Enter new mailing address, if application (Mailing address MAY BE A POST Of		
new registered agent and/or the new	Vor registered office address in Florida, ente registered office address:	r the name of the
<u>Name of New Registered Agent:</u>		
New Registered Office Address:	(Florida street address)	
New Registered Office Address:	,	, Florida
new registered agent and/or the new Name of New Registered Agent:		

Page 1 of 4

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	<u>V</u> <u>Mi</u>	nn <u>Doe</u> ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	TR	TANIA C. GARCES	11331 SW 32nd St
Add			Miami, FL 33165
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Cheman			
6) Change			
Add			
Remove			

If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)
<u>-</u>	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		FILED
Effective date if applicable:		13 110
	(no more than 90 days after amendment	file date) 13 AUG - 5 PM 2: 02 SECRETARY OF STATE Cast for the amendment(s)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	TOTASSEE, FLORIE
☐ The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes al.	cast for the amendment(s)
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The ors.	amendment(s) was/were
Dated July 2	9, 2013	
Signature	ulun Harley	
(By the chain have not be	rman or vice chairman of the board, president or een selected, by an incorporator — if in the hands appointed fiduciary by that fiduciary)	
BARBRA	HARLEY	
-	(Typed or printed name of person signing)	
PRESIDE	NT	
	(Title of person signing)	