

1409XXXX6280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

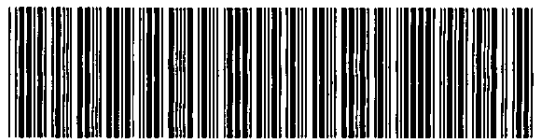
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Approved

FILED
2009 OCT -5 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Miami 4x4 Off Road Club Inc

DOCUMENT NUMBER: N09000006280

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILL CROCE

(Name of Contact Person)

(Firm/ Company)

13045 SW 68 St #206

(Address)

Miami FL 33183

(City/ State and Zip Code)

miami4x4@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Will Croce

(Name of Contact Person)

at (305) 301-5756

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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 Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2009

WILL CROCE
13045 SW 68TH STREET
#206
MIAMI, FL 33183

SUBJECT: MIAMI 4X4 OFF ROAD CLUB CORP.
Ref. Number: N09000006280

We have received your document for MIAMI 4X4 OFF ROAD CLUB CORP. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 509A00028596

RECEIVED
1-5 PM 8:00
2009 OCT -5
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Articles of Amendment
to
Articles of Incorporation
of

Miami 4x4 Off Road Club CORP.

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

N09000006280

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

9090 NW S. River Dr. #6
Miami FL 33166

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

9090 NW S. River Dr. #6
Miami FL 33166

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

New Registered Office Address: _____

(Florida street address)

_____, Florida
(City)

_____, Florida

(Zip Code)

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

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

FILED

2009 OCT -5 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
<u>P/D</u>	<u>ELICK TINOCO</u>	<u>1601 ORION LANE</u> <u>WESTON FL 33327</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP/D</u>	<u>IGNACIO GONZALEZ</u>	<u>1601 ORION LANE</u> <u>WESTON FL 33327</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>T/D</u>	<u>LUIS PICCOLI</u>	<u>4317 NW 113 PLACE</u> <u>MIAMI FL 33178</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

THE SECRETARY WILL REMAIN THE SAME

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>	<u>Type of Action</u>
<u>D</u>	<u>YURI CROCE</u>	<u>13045 SW 68 St #206</u> <u>Miami FL 33183</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	<u>ENEAS RIVAS</u>	<u>13045 SW 68 St #206</u> <u>Miami FL 33183</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

THE SECRETARY WILL REMAIN THE SAME

The date of each amendment(s) adoption: 08/18/2009
(date of adoption is required)
Effective date if applicable: 08/18/2009
(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 08/18/2009

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)

WILL CROCE

(Typed or printed name of person signing)

SECRETARY/DIRECTOR

(Title of person signing)