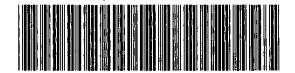
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations Miami Beach Hi-Tide Alumni Association, Inc. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Carmen Williams (Name of Contact Person) Miami Beach Hi-Tide Alumni Association, Inc. (Firm/ Company) 13117 SW 49th Court (Address) Miramar, FL 33027-5539 (City/ State and Zip Code) cwill23189@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carmen Williams (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □,\$35 Filing Fee □\$43.75 Filing Fee & **■**\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Street Address -Amendment Section Amendment Section Division of Corporations . Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Miami Beac	h Hi-Tide Alun	nni Association, Inc.
DOCUMENT NUMBER: NO900007	438	
The enclosed Articles of Amendment and fee are subt	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Carmen Williams	•	,
	(Name of Contact Person)
Miami Beach Hi-Tide Alu	ımni Associ	ation, Inc.
	(Firm/ Company)	
13117 SW 49th Court		
	(Address)	
Miramar, FL 33027-5539)	
	(City/ State and Zip Code	e)
cwill23189@aol.c		
E-mail address: (to be used	-	notification)
For further information concerning this matter, please	call:	
Carmen Williams	a _{at (} 305	, 498-7334
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:
Certificate of Status	Certified Copy (Additional copy is enclosed) Street Amend	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) Address inent Section n of Corporations
P.O. Bux 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 16, 2012

CARMEN WILLIAMS
MIAMI BEACH HI TIDE ALUMNI ASSOCIATION
13117 SW 49TH COURT
MIRAMAR, FL 33027-5539

SUBJECT: MIAMI BEACH HI TIDE ALUMNI ASSOCIATION, INC.

Ref. Number: N09000007438

We have received your document for MIAMI BEACH HI TIDE ALUMNI ASSOCIATION, INC.. However, the document has not been filed and is being returned for the following:

The fee to file your document is \$35.

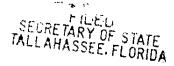
The fee for a certified copy is \$8.75 for the first 8 pages of the document and \$1 per page for each additional page, not to exceed \$52.50. A certificate of status is \$8.75.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 912A00021138

Articles of Amendment Articles of Incorporation , of



Miami Beach Hi-Tide Alumni Association, Inc.

12 SEP -5 AH ID: 30 (Name of Corporation as currently filed with the Florida Dept. of State)

N09000007438			•
(Documen	t Number of Corp	poration (if known)	-
Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorporate		atutes, this Florida Not For Profit Corporation adopts the	following
A. If amending name, enter the new na	me of the corpo	ration:	
N/A		•	The new
		oration" or "incorporated" or the abbreviation "Corp."	
"Company" or "Co." may not be used in		N/A	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>)			_
			_
	•		
			_
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		N/A	
(1			
•			_
			_
D. If amending the registered agent an	d/or registered o	office address in Florida, enter the name of the	
new registered agent and/or the nev			·
Name of New Registered Agent:	N/A		
name of her hegigiered rigen.			
		(Florida street address)	
New Registered Office Address:		(10.000,000,000,000,000,000,000,000,000,0	
	N/A	, Florida	
	(Ci	ity) (Zip Code)	
New Registered Agent's Signature, if cl	nanging Register	rad Agant.	
I hereby accept the appointment as registed	ered agent. I am	n familiar with and accept the obligations of the position.	
Sig	nature of New Re	egistered Agent, if changing	

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>Mik</u>	1 Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) N/A Change N/A Add N/A Remove		<u></u>	
2) Change			
Remove 3) Change			·
Add			
4) Change Add Remove			
5) Change			
Remove 6) Change			,
Add			

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

Article II - Purpose - The number one goal of this organization is to enhance
higher educational opportunities for the students at Miami Beach Senior High School,
through promotion and management of monies collected and awarded as
scholarships by the organization. We, the Miami Beach Hi-Tide Alumni Association, are
and we advocate "No Child Left Behind" and focus our energy and attention to elevating
young students(including disadvantaged and at-risk youth) into leadership roles and
greater opportunities. The purpose of our request for 501 (3) (c) status is to assist us as
we do all that we can to raise funds through philanthropic support from alumni members
and others to make possible our goal of giving students a brighter future; and to let them
know that they are not forgotten. Many of us come from single parent homes, had to work to
help, and had the desire to attend college but not the means. In fulfilling this mission, the Miami
Beach Hi-Tide Alumni Association will ensure that all of its efforts and activities are consistent
with our mission, values, strategic objectives, policies and procedures.
•

The date of each amendmen	t(s) adoption: 08/08/2012	
Effective date <u>if applicable</u> :	08/08/2012	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	•
The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) oproval.	
There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated 08/	08/2012	
. (By the	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
Carme	n Williams	
,	(Typed or printed name of person signing)	
Preside	ent	
	(Title of person signing)	