(Requestor's Name)
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PICK-UP WAIT MAIL
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(Business Entity Name)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
Special instructions to Fining Officer.
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9.18.09



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Kennedy	FFA BOOSTER CI	106
DOCUMENT NUME	BER: <u>96-05</u>	07415	
The enclosed Articles	of Amendment and fee are sub	mitted for filing.	
Please return all corres	spondence concerning this matt	er to the following:	
	A//Ar	Sofile Contact Person)	
	(Name of	Contact Person)	
<u></u>	· GUANDAO	Company)	
		•	
	175 Fontain	JEDIEAU BIVOL.	1-B
	. (/	Address)	
	MIAMI, F	1 33/7:2 te and Zip Code)	
	(City/ Stat	te and Zip Code)	
	Juli Apelu i E-mail address: No be use	GEATTO NET	eation)
For further informatio	n concerning this matter, please		·
AllAN	Doyle	at (3QS) 221-2	8774
(Name	of Contact Person)		me Telephone Number)
Enclosed is a check for	or the following amount made p	ayable to the Florida Departmen	nt 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		Street Address Amendment Section	
Divisi	on of Corporations Box 6327	Division of Corporati Clifton Building	ons
	assee, FL 32314	2661 Executive Center Tallahassee, FL 3230	

Articles of Amendment

F	11	E	'n
2009 SFD			- Albert

Articles of Incorporation (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) 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 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: 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.

Hegistered 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)

Title	<u>Name</u>	<u>Address</u>	Type of Action
RES	FOREITER, Elizabeth Graham, Erica	19260 NE 23 th Ave Northmi BEACH Florida 33(80	Add Remove
<u>Pres</u>	graham, Erica	16931 NW to ave High Gardens, FL 33055	Add Remove
			☐ Add ☐ Remove
E. If amend	ing or adding additional Articles, enter ditional sheets, if necessary). (Be spec	r change(s) here: ific)	
		name a second and the	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:
(date of adoption is required) Effective date if applicable: Amelicable:
(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 Sept 1, 2008 Signature
(By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
Prehident (Title of person signing)