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SECRETARY OF STATE ALLANGISEE FLORIDA

'Aug 172015 **T Cannon**

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: If I Higlerty Floridg-Marin corps Birthday
DOCUMENT NUMBER: N 09 000 00 860 7
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carlos E. Guterrez (Name of Contact Person)
ISI Hialcah, Florida-Marine Corps Birthday Ball Fund Fine
18650 D. W. BJUD AUE (Address)
Higleah, Fl. 33015— (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Caylos P. Gutterve? at 305 698-5191 x b8 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing Address Amendment Section Amendment Section

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 Articles of Incorporation of

ISI Highean, Floridg-Marine Corns Birthday Scul Fund (Name of Corporation as currently filed with the Florida Dept. of State)	' प
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> 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 of fice address: Name of New Registered Agent: Carlos & Guherre [8650 N. W. 62nd Are (Florida street address)	FILED
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. Signature of New Registered Agent of Changing	

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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>S</u> _	Edgar I. Harris I.	18150 NW 62 ND AVE Higher FL 33015 US
2) _ Change _ X Add	2	Carlos E. Gutherrez	19650 NW 62NN Ave Higkay Fl 33015 US
Remove 3) Change Add			SEC TALL
Remove 4) Change Add Remove			FILED STATE LARY OF STATE LARASSEE, FLORID AUG 12 AH II: 56
5) Change Add Remove			A
6) Change Add Remove			

f amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)							
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The date of each amendment(s) adoption: June 205 date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	listed as the
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	
Signature (By the 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) (Typed or printed name of person signing) (Title of person signing)	SECRETARY OF STATE TALL/SESSEE/FLORIDA 15 AUG 12 AM 11: 56
(Title of person signing)	