## N090000009236

(Red	questor's Name)	
(Add	dress)	·
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	• •
Certified Copies	Certificates	s of Status · · ·
Special Instructions to F	iling Officer:	
		:





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Amend

TR

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: BOER MIAMI,	, INC.	<del></del>
DOCUMENT NUM	BER: N09000009236		<del> </del>
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
		IO J. SILVA	
	(Name of	Contact Person)	
	(Firm	n/ Company)	<del></del>
	685 N	W 123 AVE	
	(,	Address)	
-	****	II, FL 33182	
	(City/ Sta	te and Zip Code)	
		A@HOTMAIL.COM  Indicate the control of the control	cation)
For further information	on concerning this matter, pleas	e call:	
SILVIO J. SILVA		at ( 305 ) 223-91	19
(Name	of Contact Person)	(Area Code & Dayt	ime Telephone Number)
Enclosed is a check for	or the following amount made p	payable 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)	
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	er Circle

## Articles of

Articles of Amendment	$\mathcal{L}^{\infty}$ .
to	
Articles of Incorporation	2000
of	OCT 3.
DOCD MANU INC	SFIRE
BOER MIAMI, INC	ALTURETADO "10: 50
(Name of Corporation as currently filed with the Florida D	ept. of State AHASSE OF
	SEE. FI PAIR
N0900009236	LORIDA

N0900009236		- CORIOA
(Document Nu	umber of Corporation (if known)	~~
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of I		r Profit Corporation adopts
A. If amending name, enter the new name	of the corporation:	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"		
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE		
C. Futur per mailing address if amplicable		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		
D. If amending the registered agent and/or new registered agent and/or the new reg		enter the name of the
Name of New Registered Agent:	SILVIO J. SILVA	
	685 NW 123 AVE	
New Registered Office Address: (Florida street a		
	MIAMI	, Florida 33182 (Zip Code)
·	(City)	(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registere position.		ecept the obligations of the

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) Name Address Type of Action SILVIO J. SILVA, SR. 685 NW 123 AVE ☑ Add ☐ Remove MIAMI, FL 33182 CARIDAD SILVA 685 NW 123 AVE ☐ Remove MIAMI, FL 33182 Silvio J. Silva E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) AMENDMENT TO ARTICLE III - PURPOSE THIS ORGANIZATION IS ORGANIZED EXCLUSIVELY AS A QUALIFIED AMATEUR SPORTS ORGANIZATION (AMATEUR BASEBALL TEAM), WHICH WILL FOSTER NATIONAL/INTERNATIONAL AMATEUR SPORTS COMPETITION (AMATEUR BASEBALL COMPETITION); AND PRIMARILY CONDUCTS NATIONAL/INTERNATIONAL AMATEUR BASEBALL COMPETITION AND SUPPORTS THE ATHLETES FOR THE COMPETITION AS DESCRIBED UNDER SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. ADDING ARTICLE VIII - DISSOLUTION CLAUSE UPON THE DISSOLUTION OF THIS ORGANIZATION ASSETS SHALL BE DISTRIBUTED

ADDING ARTICLE VIII - DISSOLUTION CLAUSE

UPON THE DISSOLUTION OF THIS ORGANIZATION ASSETS SHALL BE DISTRIBUTED

FOR ONE OR MORE EXEMPT PURPOSE WITHIN THE MEANING OF SECTION 501(c)(3)

OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY

FUTURE FEDERAL TAX CODE; OR SHALL BE DISTRIBUTED TO THE FEDERAL

GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE.

The date of each amendmen	s) adoption: 9/22/2009	
Effective date <u>if applicable</u> :	(date of adoption is required) 9/22/2009	
<del>-</del>	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	e adopted by the members and the number of votes cast for the amendmental.	ent(s)
There are no members or adopted by the board of di	embers entitled to vote on the amendment(s). The amendment(s) was/wactors.	/ere
Dated_10/1 Signature _	Mild	
hav	he chairman or vice chairman of the board, president or other officer-if not been selected, by an incorporator — if in the hands of a receiver, to court appointed fiduciary by that fiduciary)	
	SILVIO J. SILVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

Page 3 of 3