

N11000007599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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15 NOV 13 AM 7:37  
DIVISION OF CORPORATIONS

NOV 16 2015

C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 21, 2015

ART BOOSTER PRESIDENT / CORAL REEF SENIOR HIGH  
10101 SW 152ND STREET  
MIAMI, FL 33157 US

SUBJECT: VIP BOOSTER CLUB CORP.  
Ref. Number: N11000007599

We have received your document for VIP BOOSTER CLUB CORP. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(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) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 215A00019812

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** VIP BOOSTER CLUB CORP

**DOCUMENT NUMBER:** N11000007599

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

Please return all correspondence concerning this matter to the following:

ART BOOSTER PRESIDENT

(Name of Contact Person)

CORAL REEF SENIOR HIGH

(Firm/ Company)

10101 S.W. 152ND STREET

(Address)

MIAMI, FL 33157

(City/ State and Zip Code)

Ladyprizo78@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REBECA RIVERA at (305) 562-3149  
(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:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF  
DIVISION OF CORPORATIONS

VIP BOOSTER CLUB CORP

15 NOV 13 AM 7:37

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

N11000007599

(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:**

N/A

*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**)

CORAL REEF SENIOR HIGH

10101 S.W. 152ND STREET

MIAMI, FL 33157

**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: REBECA RIVERA

25146 SW 124th Ave

(Florida street address)

New Registered Office Address:

HOMESTEAD

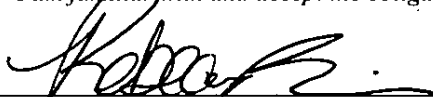
(City)

Florida 33032

(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

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:

|  |           |                    |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u>    |
| <input checked="" type="checkbox"/> Remove | <u>V</u>  | <u>Mike Jones</u>  |
| <input checked="" type="checkbox"/> Add    | <u>SV</u> | <u>Sally Smith</u> |

| Type of Action<br>(Check One)  | Title    | Name                         | Address   |
|--|----------|------------------------------|---|
| 1) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>P</u> | <u>ELIZABETH GRANT</u>       | <u></u>   |
| 2) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>P</u> | <u>REBECA RIVERA</u>         | <u>25146 SW 124 Ave</u><br><u>Homestead, FL 33032</u> |
| 3) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>T</u> | <u>THERESA SMITH</u>         | <u></u>   |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>T</u> | <u>LIL CARMELINO</u>         | <u></u>   |
| 5) <input checked="" type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>T</u> | <u>JEANNY LABOURDETTE</u>    | <u></u>   |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>S</u> | <u>YOLA LUIS PEREZ-PAGET</u> | <u></u>   |

| <u>Type of Action</u><br>(Check One)   | <u>Title</u> | <u>Name</u>                 | <u>Address</u>   |
|--|--------------|-----------------------------|--|
| 7) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>AS</u>    | <u>JENNIFER HAMMER</u>      | <u></u><br><u></u><br><u></u>  |
| 8) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove | <u>AT</u>    | <u>MARIELENA GURDIAN</u>    | <u></u><br><u></u><br><u></u>  |
| 9) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>AT</u>    | <u>KELLY BORROTO-GARCIA</u> | <u>14941 SW 150<sup>TH</sup> STREET</u><br><u>MIAMI, FL 33196</u><br><u>305-807-4437</u> |
| 10 <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>S</u>     | <u>Adriane Davis</u>        | <u>17394 SW 266 Terr.</u><br><u>Homestead, FL 33032</u><br><u></u>                       |

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

N/A

AUGUST 24, 2015

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

SECURITY  
DIVISION OF REGISTRATION

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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

10-22-15

Signature

*[Handwritten 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)

*Rebeca Rivera*

(Typed or printed name of person signing)

*President*

(Title of person signing)

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