N11000011364

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SECREDANDOE STATE

A. Butler

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	DANCE BOOSTER	CLUB FOR CRSI	IS, INC.		
initial of Control	N11000011364				
DOCUMENT NUMBER:	• •			 	
The enclosed Articles of An	nendment and fee are sub-	mitted for filing.			
Please return all correspond	ence concerning this matte	er to the following:			
Michelle Zabaleta Delgado	,				
		(Name of Contact	Person)		
		(Firm/ Compa	ıny)		
12219 SW 121 Terrace					
		(Address)			
Miami, FL 33186					
		(City/ State and Zi	ip Code)		
mzdelgado@dadeschools.n	et				
	E-mail address: (to be used	for future annual	report noti	fication	1)
For further information con	cerning this matter, please	eall:			
Michelle Z. Delgado			786		348-3940
	(Name of Contact Person	1)	(Area (Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p.	ayable to the Floric	la Departm	ent of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing For Certified Copy (Additional copenclosed)		Certifi Certifi	D Filing Fee icate of Status led Copy tional Copy is used)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

FLED

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DANCE BOOSTER CLUB FOR CRSHS, INC.				ECREDIAN OF STATE
Name of Corporation as currently filed with th	e Florida	Dept. of State)		iffenn sode, ft.
N11000011364				
(Docur	nent Num	ber of Corporation	on (if known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statu	ntes, this <i>Florida</i>	Not For Profit Cor	poration adopts the following
A. If amending name, enter the new name of th	e corpora	ation:		
				The new
name must he distinguishable and contain the word "Company" or "Co." may not be used in the nam	d "corpor e.	ation" or "incor	porated" or the abb	previation "Corp." or "Inc.
		12219 SW 12	1 TERRACE	
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET A	able; (DDRES:	S) MIAMI, FL 3	3186	
			· · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	12219 SW 12	I TERRACE	
		MIAMI, FL 3	3186	
D. If amending the registered agent and/or regi			Florida, enter the n	ame of the
new registered agent and/or the new register				
Name of New Registered Agent:	МІСНЕ	LLE ZABALET	A DELGADO	
	12219 SW 121 TERRACE			
N D : 100 111			(Florida street add	dress)
New Registered Office Address				33186
	MIAMI			, Florida
		(City)		(Zip Code)
New Registered Agent's Signature, if changing	Registere	ed Agent:	a .rr	Caller and state on
I hereby accept the appointment as registered ager	u. Tam f '	amiliar wiin and	accept the onigation	ons of the position.
_	\sim	whille	Registered Agent,	
		Signature of New	v 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: X_Change X_Remove X_Add	$\overline{\underline{V}}$ $\underline{\underline{M}}$	ohn Doe like Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	PT	THERESA ACOSTA	14041 SW 153RD AVE MIAMI, FL 33196
x Remove			
2) Change Add	PT	MICHELLE ZABALETA DELGAD	12219 SW 121 TERRACE MIAMI, FL 33186
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add Remove	,		
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additiona ts, if necessa	l Articles, enter change(s) here: (Be specific)	
N/A			
			· · · · · · · · · · · · · · · · · · ·
			······································

		<u> </u>
		
		
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The date of each amendment(s) adopted date this document was signed.	n:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will not beent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	i by the members and the number of votes cast for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.							
7/28/2021 Dated							
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)							
(Typed or printed name of person signing)							
PRESIDENT/TREASURER							
(Title of person signing)							