N12000000172

(Re	equestor's Name)		
(Ac	ldress)		
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(Ci	ty/State/Zip/Phone	e #)	
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15 NOV 13 AM 8: 48

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C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Mandarin Mustang NJ	ROTC Boosters Inc		
	N12000000172			
The enclosed Articles of Am	endment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
Crystal Garcia	,			
W	(Name of Contact Pe	rson)	
		(Firm/ Company)	
4831 Wethersfield Place We	est			
		(Address)		
Jacksonville, FL 32257				
	(1	City/ State and Zip C	Code)	
jcgarcia5516@gmail.com				
E	-mail address: (to be used f	or future annual repo	ort notification)
For further information conc	erning this matter, please c	all:		
Crystal Garcia		at	904	4447670
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	following amount made pay	able to the Florida D	epartment of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A	ddress	Str	eet Address	

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 to Articles of Incorporation

DIVIDED FOR GLOSSES

	<u>15 NOV 13</u> AM 8:48
tly filed with the Flo	
oer of Corporation (if l	known)
es, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
tion:	
	The new
ition" or "incorporate	d" or the abbreviation "Corp." or "Inc."
4831 Wethersfield P	lace West
) Jacksonville, FL 322	257
	, enter the name of the
address:	
iarcia	
thersfield Place West	
(F	lorida street address)
ille	, Florida 32257
(City)	(Zip Code)
Darin	t the obligations of the position.
	ce address in Florida address: iarcia thersfield Place West (City) Agent: mither with and accep

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	PT John I V Mike S SV Sally S	<u>Iones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Jimmy Lewis	4831 Greenland Rd.
Add			Jacksonville, FL 32258
X Remove			
2) Change	P	Crystal Garcia	4831 Greenland Rd.
X Add			Jacksonville, FL 32258
Remove			
3) Change	<u>v</u>	Mary Jane Smithgall	4831 Greenland Rd.
Add			Jacksonville, FL 32258
X Remove			
4) Change	<u>v</u>	Sylvia Schmucker	4831 Greenland Rd.
X Add			Jacksonville, FL 32258
Remove			
5) Change	S	Maxine Lewis	4831 Greenland Rd.
Add			Jacksonville, FL 32258
X Remove			
6) Change	S	Michelle Lohmann	4831 Greenland Rd.
X Add			Jacksonville, FL 32258
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
Add Officer	D	Lisa Russell	4831 Greenland Rd. Jacksonville, FL 32258
			`
_			

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	-	*-	

	10/2/15		
The date of each amendment(s) a date this document was signed.	doption:		, if other than the
_	2/15	St. J. C. DIVIEW Lot Co.	2 (20) (12)
	(no more than 90 days after	amendment file date) 15 NOV 3 A	- Н Я: ЬЯ
Note: If the date inserted in this bl document's effective date on the De		atutory filing requirements, this date will no	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were a was/were sufficient for approv		nber of votes cast for the amendment(s)	
There are no members or mem adopted by the board of direct		nent(s). The amendment(s) was/were	
Dated	2/15 40	_	
Signature	Janes		
		, president or other officer-if directors in the hands of a receiver, trustee, or	
	t appointed fiduciary by that fiducian		
	nystal Garcia		
	(Typed or printed n	name of person signing)	
D.	resident		
	(Title of	f person signing)	