

N12000006478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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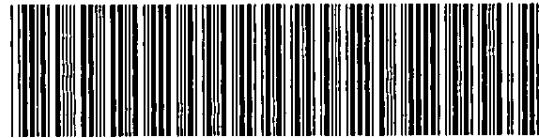
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GIRLS INCORPORATED OF SOUTH FLORIDA

DOCUMENT NUMBER: N12000006478

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

Please return all correspondence concerning this matter to the following:

GAYLE E. CROCKER

(Name of Contact Person)

GIRLS INCORPORATED OF SOUTH FLORIDA

(Firm/ Company)

3600 SOUTH STATE ROAD 7 SUITE 241

(Address)

MIRAMAR, FLORIDA 33023

(City/ State and Zip Code)

MSGCROCKER@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GAYLE E. CROCKER

(Name of Contact Person)

at (954) 442-0447

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
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

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

GIRLS INCORPORATED OF SOUTH FLORIDA

(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:

SMART GIRLS INCORPORATED OF SOUTH FLORIDA

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Incorporated" or "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)

3600 SOUTH STATE ROAD 7 SUITE 241

MIRAMAR, FLORIDA 33023

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8620 SW 12 STREET

PEMBROKE PINES, FLORIDA 33025

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: _____

(Florida street address)

New Registered Office Address:

_____, Florida _____
(City) (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

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The new
for Inc
STATE
FLORIDA

[illegible]

(Attach additional sheets, if necessary)

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.

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Address

6) _____ Change
_____ Add
Remove

(Attach additional sheets, if necessary)

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.

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<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
X Add	SV	Sally Smith

Address

1111 NW 55 STREET
MIAMI FL 33127

X Remove

2800 W Oakland Park Boulevard # 209

 X Add

Remove

17955 NW 18 AVENUE

 Add

X Remove

11820 MIRAMAR PKWY., STE.105

X Add

Remove

Add

Remove

Add

Remove

The date of each amendment(s) adoption: 8/7/2012

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

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

8/7/2012

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)

GAYLE E. CROCKER

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)