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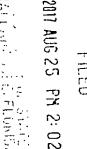
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	MAGIC CITY ALL-	STARS BOOSTE	R CLUB INC.		
	112000009566				
DOCUMENT NUMBER: _		<u> </u>			_
The enclosed Articles of Ame	ndment and fee are subm	itted for filing.			
Please return all corresponden	ce concerning this matter	to the following:			
Anicia R. Leon					
		Name of Contact	Person)		_
MAGIC CITY ALL-STARS	BOOSTER CLUB INC.				
		(Firm/ Compa	iny)		-
12122 SW 131st Avenue					
<u> </u>		(Address)			
Miami, FL 33186					
	(City/ State and Zi	p Code)		_
magiccitycheer@aol.com					
E-1	nail address: (to be used	for future annual r	eport notification	on)	_
For further information conce	ming this matter, please o	eall:			
Anicia R. Leon			305 at	979-6592	
	Name of Contact Person)		(Area Code)	(Daytime Telephone Number)	_
Enclosed is a check for the fol	lowing amount made pay	able to the Florida	a Department of	State:	
■ \$35 Filing Fee	S43.75 Filing Fee & (Certificate of Status	S43.75 Filing Fe Certified Copy (Additional copy enclosed)	Certi y is Certi (Add	50 Filing Fee ficate of Status fied Copy litional Copy is losed)	
Mailing Ad Amendment		_	Street Address Amendment Sec	tion	

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 of

FILED

2017 AUG 25 PM 2: 03

MAGIC CITY ALL-STARS BOOSTER CLUB INC.

(<u>Name of Corporation</u>	as curre	ntly filed with the Florida Dept.	
N12000009566			्रसम्बद्धाः । स्थानिक विद्याः । स्थान
(Docum	nent Num	ber of Corporation (if known)	· -
Pursuant to the provisions of section 617.1006. Floramendment(s) to its Articles of Incorporation:	rida Statut	es, this Florida Not For Profit Co	orporation adopts the following
A. If amending name, enter the new name of the	e corpora	tion:	
N/A			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ution" or "incorporated" or the a	
B. Enter new principal office address, if applica	ble:	12122 SW 131st Avenue	
(Principal office address <u>MUST BE A STREET A</u>		Miami, FL 33186	
		· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE).	BOX)	12122 SW 131st Avenue	
		Miami, FL 33186	
			•
			
D. If amending the registered agent and/or registered agent and/or the new registered.			name of the
	N/A	umar (30.	
Name of New Registered Agent:		30/ 101 m A .	
	12122 8	W 131st Avenue	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		(Florida street a	uuress)
-	Miami		. Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			tions of the position.
_			
		Signature of New Registered Agen	t, 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	<u>V</u> <u>Mil</u>	n Doe se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	Anicia R. Leon	12122 SW 131st Avenue
Add			Miami, FL 33186
Remove			
2)Change			 -
Add			
Remove			
3) Change	·		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change Add			

(attach additional sheets, if necessary). (Be specific)	E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
N/A					
			·		
** **					
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		N/A	
ľho	date of each amendment(s)	adoption:	, if other than the
late	this document was signed.		
	N/	Δ	
· re	ective date <u>if applicable</u> :	^	
	ettive date il applicable.	(no more than 90 days after amendment file date)	
		(no more than 50 days after amenanem file date)	
املا	as If the data inserted in this b	lock does not meet the applicable statutory filing requirements, this date will not	t he licted as the
			t be listed as the
ioc	ument's effective date on the I	repartment of State's records.	
	untian of Amoudment(c)	(CHECK ONE)	
· ()(option of Amendment(s)	(<u>CHECK ONE</u>)	
	(P) 1 .() (
		adopted by the members and the number of votes cast for the amendment(s)	
	was/were sufficient for appro	val.	
_			
		mbers entitled to vote on the amendment(s). The amendment(s) was/were	
	adopted by the board of dire	ctors.	
	a l.	, 114	
	Dated	<u> </u>	
		•	
	\sim	2	
	Signature		
	(By the Ch	airman 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 cou	t appointed fiduciary by that fiduciary)	
	Anicia	R. Leon	
	· ·	Tr. Deon	
		(Typed or printed name of person signing)	
		(1) k = 1 k k	
	р		
	r		
		(Title of person signing)	
		(Time of beison signing)	