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C. LEWIS OCT 1.5 2013 EXAMINER

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION:	STMBP ORGANIZATION, INC.			
DOCUMENT NUMBER:	N12000010404			
The enclosed Articles of Amendment	and fee are submitted for filing.			
Please return all correspondence conc	erning this matter to the following:			
V	'ARONIQUE CAMERON			
	(Name of Contact Person)			
	(Firm/ Company)			
	221 N.W. 201ST AVENUE			
	(Address)			
P	EMBROKE PINES, FL 33029			
	(City/ State and Zip Code)			
S	TMSBANDS@GMAIL.COM			
E-mail address: (to be used for future annual report notification)				
For further information concerning this	is matter, please call:			
VARONIQUE C	AMERON 954 709-5692			
(Name of Contact Pers				
Enclosed is a check for the following	amount made payable to the Florida Department of State:			
	75 Filing Fee & \$\Bigcup \\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed)			
Mailing Address	Street 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

APPROVED AND FILED

## Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## STMBP ORGANIZATION, INC.

(Name of Corporation as currently filed with the	
· · · · · · · · · · · · · · · · · · ·	2000010404
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Profit Corporation adopts the follows:
A. If amending name, enter the new name of the corpo	oration:
	N/A The
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the abbreviation "Corp." or "
B. Enter new principal office address, if applicable:	N/A
Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. 16 1: 4h	office address in Florida cutou the name of the
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered offi</li> </ol>	
Name of New Registered Agent:	
	(Florida strect address)
New Registered Office Address:	
	, Florida
	City) (Zip Code)

Page 1 of 4

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           SV         Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Deborah T Rotolo	18300 Sheridan St
Add			Pembroke Pines, FL
X Remove			33331
2) X Change	P	Varonique Cameron	18300 Sheridan St
Add			Pembroke Pines, FL
Remove			33331
3) Change	V	Ginger Westfall	18300 Sheridan St
X			Pembroke Pines, FL
Remove			33331
4) Change	S	Lori Brantley	18300 Sheridan St
Add			Pembroke Pines, FL
X Remove			33331
5) Change	S	Tara Cheung	18300 Sheridan St
X			Pembroke Pines, FL
Remove			33331
6) Change			
Add			
Remove			
<del></del>		Dogo 2 of 4	

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
N/A	
<del> </del>	
	11 to 1 t
<del> </del>	

FILED

OCT -8, ipplier than the RETARY OF STATE AHASSEE, FLORIDA

The date of each amendment(s) adoption: August 29, 2013

date this document was signed.

Effective date if applicable:

August 29, 2013

(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

September 23, 2013

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)

Varonique Cameron

(Typed or printed name of person signing)

President, Incorporator

(Title of person signing)