## N12000011565

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2018 NOV 13 PM 2: \$5

Amend

NOV 1 1, 2018

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

SAV NAME OF CORPORATION:	GRASS SPRINGS	MIDDLE SCHOO	DL BAND INC	`
N120000	11565			
DOCUMENT NUMBER:				······································
The enclosed Articles of Amendment	and fee are submitte	d for filing.		
Please return all correspondence conc	erning this matter to	the following:		
Adrialina Zapata				
	(Na	me of Contact Per	rson)	<del></del>
SAWGRASS SPRINGS MIDDLE S	CHOOL BAND INC			
		(Firm Company)	)	
11295 W. Atlantic Blvd #304				
		(Address)		
Coral Springs, FL 33071				
	(Ci	ty/ State and Zip C	(ode)	
ssmsmusicbooster@gmail.com				
E-mail add	lress: (to be used for	future annual repo	ort notification	)
For further information concerning th	is matter, please call	:		
Adrialina Zapata		at	646	641-3340
(Name o	(Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	amount made payab	le to the Florida D	epartment of S	iate:
	ŧ	43.75 Fiting Fee & Certified Copy Additional copy is enclosed)	Certifi Certifi	) Filing Fee cate of Status ed Copy ional Copy is sed)

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

SAWGRASS SPRINGS MIDDLE SCHOOL BAND INC		
(Name of Corporation as curr	ently filed with the Flori	da Dept, of State)
N12000011565		
(Document Nur	nber of Corporation (if kr	iown)
rsuant to the provisions of section 617,1006. Florida Stati tendment(s) to its Articles of Incorporation:	utes, this Florida Not For	· Profit Corporation adopts the following
If amending name, enter the new name of the corpor	ation:	
		The new
ime must be distinguishable and contain the word "corpo Company" or "Co." may not be used in the name.	ration" or "incorporated	" or the abbreviation "Corp." or "Inc."
Enter new principal office address, if applicable:		
rincipal office address <u>MUST BE A STREET ADDRES</u>	<u>(S</u> )	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		· • • • • • • • • • • • • • • • • • • •
If amending the registered agent and/or registered o	<u>ffice address in Florida,</u>	enter the name of the
new registered agent and/or the new registered offic	e address:	ان بر
Name of New Registered Agent:		
•		
<del></del> -	(F)	orida street address)
New Registered Office Address:		
		, Florida (Zip Code)
	(City)	(Zip Code)
w Registered Agent's Signature, if changing Register ereby accept the appointment as registered agent. I am		the obligations of the position.
	Signature of New Regis	tered Agont, 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:

estrach additional sheets, if necessary i

Please note the officer director take by the first lener of the office take.

P - President, V--Vice President, T--Treasurer, S--Secretors, D--Director, IR--Trustee, C---Charman or Clerk, CEO--Chief Executive Officer, CEO--Chief Franceial Officer. If an inflicer-director holds more than one title list the first letter of each office held, President, Treasurer, Director would be PID

Changes should be noted in the tollowing manner. Currently John Pive 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 3dd.

Example: X Change X Remove X Add	<u>V</u> <u>Mil</u>	in Dog ke Jones ly Smith	
Type of Action (Check One)	<u>litl</u> ç	<u>Name</u>	Address
1) Change	P	Jodi Peyrefitte	11295 W Atlantic Blvd
X Add			#201
Remove			Coral Springs, 11, 33971
2) X Change	V	Cathia Marrero	12260 Royal Palm Blvd
Add		· ·	Coral Springs, FL 33065
Remove			
3 + Change		_,	
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
61 Change			
Add			<del></del>
Remove			

attach additional sheets, if necessary i	(Be specific)	
	,	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90) days after amendment file date)	
<b>Note:</b> If the date inserted in this bidocument's effective date on the D	lock does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was were a was were sufficient for approx	adopted by the members and the number of votes cast for the amendmen val.	u(s)
There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/wer-tors.	e
DatedO	Physipiti	
Signature	Physipati	<del></del>
have not b	irman advice chairman of the board, president or other officer-if directo een selected, by an incorporator – if in the hands of a receiver, trustee, of appointed fiduciary by that fiduciary)	
<u> </u>	Adi Peyre Litte. (Typed or printed name of person signing)	_
	President (Title of person signing)	_