N13000009989

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FILED SECRETARY OF SIMIL DIVISION OF CORPORATION

JUL 7 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations Youth Lacrosse Organization Inc. NAME OF CORPORATION: MIGMI DOCUMENT NUMBER: N 1300000 9989 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rafael Lazo (Name of Contact Person) Miani youth Cacrosse Organization, Inc. 2121 Ponce De Leon Blvd. 11th Floor
(Address) Coral Gables, FL 33134
(City/State and Zip Code) raffy @ mi amistonecrabs, com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rafael Lazo
(Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

Miami Youth L	acrosse Organizatio	ONIA
	rently filed with the Florida Dept of State)	
N13000009989		
	umber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the	e following
A. If amending name, enter the new name of the corpo	oration:	
N/ /A		001
name must be distinguishable and contain the word "corpo	oration" or "incorporated" or the abbreviation "Corn	The new " or "Inc "
"Company" or "Co." may not be used in the name.	oranon or meorporated or me degreenation corp.	or me.
D. Fraton now winding a 66 to address 16 to 18 to 18.	N/A	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDREST ADDRE		
C. Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	7777	
		2 95 T
		6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
D. If amending the registered agent and/or registered of	office address in Florida, enter the name of the	00
new registered agent and/or the new registered office	ce address:	ယ္လု 📆
Name of New Registered Agent:	NI/A	10
trame of frew neglibered rigem.		
	(Cl. 1)	
New Registered Office Address:	(Florida street address)	
		
	(City), Florida (Zip Code)	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agent. I am	n familiar with and accept the obligations of the position	,
	Signature of New Registered Agent, 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>Mike</u>	Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	Director	<u>Alan Bellando</u>	2121 Ponce de Leon Blud. 11th Floor Coral Gables, FL 33134
2) Change Add Remove	<u>Director</u>	Joaquin Urquiola	
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
NIA	

The date of each am	endment(s) adopti	on: <u>N/</u>	4					, if othe	er than the
date this document w	as signed.						5 Å	FIL.	LU
Effective date if app	licable:	N/A					JIVIS	ION OF CO	CO (OF STATE DRIPORATION
		·	_	·	idment file date)		2016	JUN 30	AM 8: 32
Note: If the date insedocument's effective				ble statutor	y filing requireme	ents, this date v	will no	t be listed	as the
Adoption of Amend	ment(s)	(CHE	CK ONE)						
	(s) was/were adopte ent for approval.	ed by the r	members and th	he number o	of votes cast for t	he amendment	(s)		
	mbers or members operated of directors.	entitled to	vote on the an	mendment(s). The amendme	ent(s) was/were			
Dated	6122/16								
Signati		12	₹\$						
	(By the chairman have not been se	lected, by	an incorporate	or – if in the					
	other court appo	inted fidu	iciary by that fi	iduciary)					
	Raf	ael	Lazo				_		
			(Typed or pri	nted name o	of person signing	3)			
	Direc	tor					_		
			171	fitle of ners	on cianina)				