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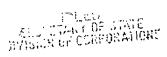
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- COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Center St	age Theatre	Association, Inc.
DOCUMENT NUMBER: N14000007	128	
The enclosed Articles of Amendment and fee are subr	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Michelle C. Aleman		
	(Name of Contact Person)
Center Stage Theatre As	ssociation, I	nc.
	(Firm/ Company)	
PO BOX 961553		
	(Address)	
MIAMI, FL 33296		
	(City/ State and Zip Code	;)
csta2014@gmail.		notification)
For further information concerning this matter, please	call:	
Michelle C. Aleman	_{at} 305	542-6833
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment 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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of



Center Stage Theatre Association, Inc.

14 SEP 17 PM 3: 33

(Name of Corporation as currently filed with the Flo	rida Dept. of State)	
N1400007128		
(Document Number of Co	rporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following	
A. If amending name, enter the new name of the corporati	on:	
	The new	
name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable:	15298 SW 104TH ST APT 9-21	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FL 33196	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 961553	
	MIAMI, FL 33296	
D. If amending the registered agent and/or registered office	re address in Florida, enter the name of the	
new registered agent and/or the new registered office a		
Name of New Registered Agent: Michelle C.	Aleman	
15298 SW	104TH ST APT 9-21	
New Registered Office Address:	(Florida street address)	
Miami, FL	, Florida 33196	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		

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	<u>V</u> <u>Mik</u>	n <u>Doe</u> se <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u> .	<u>Addres</u> s
l) Change	Р	Nancy Castro	8576 SW 210TH TERRACE
Add			CUTLER BAY, FL 33189
X Remove			
2) Change	<u>P</u>	Patricia M. Tolsa	5731 SW 15TH STREET
X Add			MIAMI, FL 33144
Remove	т	Marisela F. Conde	6532 SW 148TH AVE
3) X Change	<u>T</u>	Mansela I . Conde	MIAMI, FL 33193
Add			MIAWI, I E 33 193
4) Change	ВМ	Connie Rumbaut	555 NE 34TH STREET
Add			APT 2701
X Remove			MIAMI, FL 33137
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additions attach additional sheets, if necess	ary). (Be specific)			
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		•			
					

The date of each amendment	t(s) adoption: 9/2/14	file with many	, if other than the
date this document was signed	•	STATION FOR PORTATIONS	
Effective date <u>if applicable</u> :	9/2/14	1715.00 01 PH 3: 33	
	(no more than 90 days aji	ter amendment file and 17 111 30 30	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/w was/were sufficient for ap		number of votes cast for the amendment(s)	
There are no members or adopted by the board of a		dment(s). The amendment(s) was/were	
Dated Signature	9/11/14 utler	<u> </u>	
	chairman or vice chairman of the box	ard, president or other officer-if directors	
		- if in the hands of a receiver, trustee, or	
other	court appointed fiduciary by that fiduc	ciary)	
Patricia	a M. Tolsa		
	(Typed or printed name of person	on signing)	
Preside	ent		
	(Title of person signi	ine)	