N1400000 9089

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
- /Ru	siness Entity Name	o)
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only

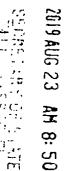


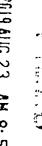
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Ban NAME OF CORPORATION:	d Booster Club o	f Benito Middle So	chool, Inc.	
N140000 DOCUMENT NUMBER:	009089			
The enclosed Articles of Amendment	and fee are submi	tted for filing.		
Please return all correspondence conc	erning this matter	to the following:		
Ms. Staisy Kibart (registered agen	t)			
	(1)	Name of Contact Pe	rson)	
Benito Middle School				
M - 0		(Firm/ Company)	
10101 Cross Creek Blvd.				
		(Address)		
Tampa, FL 33647				
	((City/ State and Zip (lode)	
skibart20@gmail.com				·/
E-mail add	ress: (to be used for	or future annual rep	ort notification	<u>(</u>)
For further information concerning the	is matter, please ca	dl:		
Ms. Staisy Kibart		at	813	753-9701
(Name of	Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	amount made paya	able to the Florida D	epartment of S	State:
	75 Filing Fee & C ficate of Status	1\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee icate of Status icd Copy is issed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Band Booster Club of Benito Middle School, Inc.

rently filed with the F	lorida Dept. of State)	
mber of Corporation (it	fknown)	
tutes, this Florida Not	For Profit Corporation add	opts the followi
rațion:		
		The ne
oration" or "incorpora	ted" or the abbreviation "(
NA SS)		
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<u>e address:</u>		rri O
	<i>(12)</i>	
	(r ioriaa sireei daaress)	
	, Florida	
(City)	(Zip Co	ode)
red Agent:		
n familiar with and acce	ept the obligations of the po	sition.
Signature of New Reg	ustered Agent, if changing	
	mber of Corporation (intutes, this Florida Not states, this Florida Not states and states in Florida Not states and states in Florida Not states and states in Florida Not states in Flori	NA NA NA NA NA NA NA (Florida street address) (City) (Zip Co

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 <math>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 te Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	S	Angela Potenziano	(exempt)
Add			10101 Cross Creek Blvd.
X Remove			Tampa, FL 33647
2) Change	S	Amanda Montgomery	10101 Cross Creek Blvd.
X Add			Tampa, FL 33647
Remove			
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).	icles, enter change(s) h (Be specific)	<u>ere</u> :		
NA				
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		,	•	
			V	
				

The	e date of each amendment(s) adoption:	, if other than th
	te this document was signed.	
Eff	fective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records.	listed as the
Ad	loption of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes east 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.	
	8/12/19 Dated	
	Signature Stephanie Biklen	
	(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)	
	Stephanie Biklen	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	