N15000002592

(Re	equestor's Name)	
(Ad	ldress)	·
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 25, 2015

ALBERT J. ANGEL MBPA.ORG INC 605 LINCOLN ROAD, SUITE 220 MIAMI BEACH, FL 33139

SUBJECT: MBPA.ORG INC Ref. Number: N15000002592



We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The incorect form was submitted. Please complete form pursuant to a Florida Not for Profit Corporation., pursuant to section 617.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II

Letter Number: 215A00005987

RECEIVED
15 APR-7 AM 8: 15
DEBASTMENT OF STATE
BIVISION OF CORPORATIONS
TALLAHASSEE: FLORIDA

COVER LETTER

	COVER LETTER		
TO: Amendment Section Division of Corporations			5克丁
NAME OF CORPORATION: MBPA.	org inc.		
DOCUMENT NUMBER: N150000	02592		
The enclosed Articles of Amendment and fee are subr	mitted for filing.		50000000000000000000000000000000000000
Please return all correspondence concerning this matter	er to the following:		27
ALBERT	J. ANGEL (Name of Contact Person	n)	_
MBPA . C) RG		_
	(Firm/ Company)		
405 Lincoln Roa	d # 220		_
	(Address)		
MIAMI BEACH	. FL 33139		
MIAMI BEACH	(City/ State and Zip Code	e)	_
ALREDITIANO	AFIR GMAIL	CoM	
ALBERTJANG E-mail address: (to be used	for future annual report	notification)	
For further information concerning this matter, please	call:		
(Name of Contact Person)		ode & Daytime Telephone Number)	_
Enclosed is a check for the following amount made pa	·	•	
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee Certificate of Status	
SHYEARY COMMENT OF STATUS			
Senta received *	(Additional copy is enclosed)	(Additional Copy is Enclosed)	
Mailing Address		Address	
Amendment Section		Iment Section on Corporations	
Division of Corporations P.O. Box 6327			
Tallahassee, FL 32314	Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	OI .		Fred L
MBPA. ORG	Inc.		
(Name of Corporation as currently filed	d with the Florida Dept. of S	tate)	<u> </u>
N150000	01592		
	Number of Corporation (if kn	iown)	71 m
rsuant to the provisions of section 617.1006, hendment(s) to its Articles of Incorporation:	Florida Statutes, this <i>Florida</i> i	Not For Profit Corporation	adopts the foll
If amending name, enter the new name of	the corporation:		~
			Th
me must be distinguishable and contain the woonpany" or "Co." may not be used in the na	word "corporation" or "incorpane.	porated or the abbreviation	on "Corp." or "
Enter new principal office address, if app	licable:		
rincipal office address MUST BE A STREE			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	<u></u>	•	
If amending the registered agent and/or re	egistered office address in F	lorida, enter the name of	the
new registered agent and/or the new regis			
Name of New Registered Agent:			
N 1 06 1 1 1	(Florida street add	ress)	
New Registered Office Address:			
		, Florida	
	(City)		(Zip Code)

I hereby accept the appointment as registered agent. I am 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 <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>M</u>	ohn Doc like Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>D</u>	DAN GRECH	₩ 220 Miami Beach, FL 33139
2) Change Add			
Remove 3) Change Add			
Remove 4) Change			
Add Remove			
5) Change Add Remove			
6) Change			
Remove			

<u>If an</u> (a <i>ttac</i>	nending ch additie	or addin onal shee	g addit	ional Ar :essary).	ticles, e	e <mark>nter c</mark> l specific	hange(s	here:				
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The date of each amendment(s) adoption: Mayon 13, 2015 date this document was signed.						
Eff	(no more than 90 days after amendment file date)					
Ado	option of Amendment(s) (<u>CHECK ONE</u>)					
	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 April 1/2 0/15					
	(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)	_				
	ALBERT J. ANGEL (Typed or printed name of person signing)					
	(Title of person signing)					