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SECRETARY OF STATE ALLAHASSEE, FI ORIOA

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DEC 2.1 2016



COVER LETTER

TO: Amendment Section
Division of Corporations

0.00

NAME OF CORPORATION	DELRAY BLAZING ON:	ELITE TRACK STAI	RS, INC		
DOCUMENT NUMBER:	N15000003630				
The enclosed Articles of Am	nendment and fee are subm	itted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
SABRINA SHUMAN	%र्थ ्राक्ष				
	(Name of Contact Person	on)		
		(Firm/ Company)			
318 SW 5TH AVE					
		(Address)			
DELRAY BEACH, FL 334	44				
	(e _{to}) (City/ State and Zip Co	de)		
SSHUMAN26@GMAIL.Co	ОМ				
E	-mail address: (to be used t	or future annual repor	t notification		
For further information conc	erning this matter, please c	all:			
SABRINA SHUMAN		5 at	61	8605871	
	(Name of Contact Person)	(/	Area Code)	(Daytime Telephone l	Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida Dep	partment of S	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing A			t Address		
Amendme			idment Secti		
	f Corporations		ion of Corpo	rations	
P.O. Box of			n Building	antan Cinala	
i ailanasse	e, FL 32314	2001	Executive C	enter Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

DELRAY BLAZING ELITE TRACK STARS, INC		#14 BCG
(Name of Corporation as curre	ntly filed with the Florida Dep	it. of state per 19 19 5: 41
N15000003630		SECRETARY OF STATE
(Document Num	ber of Corporation (if known)	TALLAHASSEE, FLORIO
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
N/A		The new
name must be distinguishable and contain the word "corport" "Company" or "Co," may not be used in the name.	ation" or "incorporated" or the	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered off		he name of the
new registered ag ent and/or the new registered of fice	address:	
Name of New Registered Agent: N/A		
Now Registered Office Address	(Florida stre	et address)
New Registered Office Address:		Florido
. 77.22	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for		gations of the position.
	Signature of New Registered Ag	rent, if changing

15.

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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>nes</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	D	_	SHANIKA MILLER	3541 HARLOWE AVE
Add				BOYNTON BEACH, FL 33436
X Remove	\$2. <u>}</u>	rpais Sin		
2) Change		_		
Add				
Remove				
3) Change			<u></u>	
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attach additional sheets	additional Articles, en if necessary). (Be sp	pecific)	,		
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	te this document was signed.	f other than the
Eff	ffective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be locument's effective date on the Department of State's records.	sted as the
Ad	doption of Amendment(s) (CHECK ONE)	
	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.	
	Signature (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) SABRINA SHUMAN (Typed or printed name of person signing)	
	REGISTERED AGENT	
	(Title of person signing)	