

N15000 004 750

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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Amend

CLERK OF STATE
OFFICE OF REGISTRATIONS
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D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

BD SOCCER CLUB OF SOUTH FLORIDA INC
NAME OF CORPORATION: _____

N15000004750
DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

APRIL PEACH CONDRON

(Name of Contact Person)

CAPE COD MGMT SVC INC

(Firm/ Company)

314 NE 27TH ST

(Address)

WILTON MANORS FL 33334-2020

(City/ State and Zip Code)

APRILPEACH1@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

APRIL PEACH CONDRON

954 630-8300
at _____

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA
DEPARTMENT OF
STATE
CORPORATION
DIVISION
JAN 13 2003



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2019

APRIL PEACH CONDRON
CAPE CODE MGMT SVC INC
314 NE 27TH ST
WILTON MANORS, FL 33334-2020

SUBJECT: BD SOCCER CLUB OF SOUTH FLORIDA, INC
Ref. Number: N15000004750

We have received your document for BD SOCCER CLUB OF SOUTH FLORIDA, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Non-Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 119A00013454

Articles of Amendment
to
Articles of Incorporation
of

BD SOCCER CLUB OF SOUTH FLORIDA INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N15000004750

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1110 NW 48TH ST

FT LAUDERDALE FL 33309

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1110 NW 48TH ST

FT LAUDERDALE FL 33309

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

MOHAMMED FARID UDDIN

1110 NW 48TH ST

(Florida street address)

New Registered Office Address:

FT LAUDERDALE

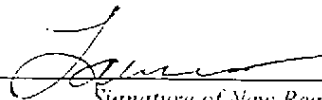
(City)

Florida 33309

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>T</u>	<u>MAHBUBUR RAHMAN</u>	<u>6800 NOVA DR APT 104</u>
<input type="checkbox"/> Add			<u>DAVIE FL 33317</u>
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>MOHAMMED FARID UDDIN</u>	<u>1110 NW 48TH ST</u>
<input type="checkbox"/> Add			<u>FT LAUDERDALE FL 33309</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>VP</u>	<u>MOSTAFA KAMAL</u>	<u>18728 SW 17TH CT</u>
<input type="checkbox"/> Add			<u>MIRAMAR FL 33029</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

11/05/2019

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

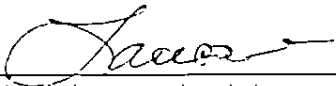
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption 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.

Dated 11/05/2019 _____

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)

MOHAMMED FARID UDDIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)