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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: ART BY SOMI MA	GNET BOOSTER (CLUB CORPO	RATION	
DOCUMENT NUMBER:	N15000008851				
The enclosed Articles of An	nendment and fee are sub	nitted for filing.			
Please return all correspond	ence concerning this matte	er to the following:			
MARLEN GAMBOA					
		(Name of Contact P	erson)		
ART BY SOMI MAGNET	BOOSTER CLUB CORP	ORATION			
		(Firm/ Compan	y)		
PO BOX 557132					
		(Address)			
MIAMI, FL 33155					
		(City/ State and Zip	Code)		
mgamboa@dadeschools.ne					
E	-mail address: (to be used	for future annual re	port notification	1)	100 CO
For further information conc	erning this matter, please	call:			23
MARLEN GAMBOA		at	305	979-4995	PH
-	(Name of Contact Person)		(Area Code)	(Daytime Telepl	
Enclosed is a check for the f	following amount made page	yable to the Florida	Department of	State:	<u> </u>
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	0 Filing Fee icate of Status ied Copy tional Copy is esed)	
3.5 111	1.7	~			

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

Articles of Amendment to Articles of Incorporation of

ART BY SOMI MAGNET BOOSTER CLUB CORPORATION

(Name of Corporation	n as currently filed with t	the Florida Dept. of State)	
N15000008851			
(Docu	ment Number of Corporati	on (if known)	
Pursuant to the provisions of section 617.1006, Flomendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida</i>	Not For Profit Corporation adopts the	he following
If amending name, enter the new name of th	e corporation:		
			The new
ame must be distinguishable and contain the word Company" or "Co." may not be used in the nam	d "corporation" or "incor <u>e</u> .	porated" or the abbreviation "Corp.	"or "Inc."
. Enter new principal office address, if applica			
Principal office address <u>MUST BE A STREET A</u>	(DDRESS)		
	·		
			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
			: ::::::::::::::::::::::::::::::::::::
	-	<u> </u>	
` .			 +.
. If amending the registered agent and/or regi	stered office address in F	lorida, enter the name of the	ω
new registered agent and/or the new register			PH L
Name of New Registered Agent:	MARLEN GAMBOA	· <u>-</u>	
	6750 SW 60TH STREET	ſ 	(2)
New Registered Office Address:		(Florida street address)	
	MIAMI	33143	•
	(City)	, Florida (Zip Code)	
an Paristand Association	•	(1347 20110)	
ew Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: t. I am familiar with and	accept the obligations of the position	
	Mal	a Chan love	
-	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: X Change X Remove X Add	PT John Do V Mike Jo SV Sally So	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	MARLEN GAMBOA	6750 SW 60TH STREET
X Add			SOUTH MIAMI, FL 33143
Remove			
2) Change	V	VANESA V. ASHLEY	6750 SW 60TH STREET
X Add			SOUTH MIAMI, FL 33143
Remove			
3) X Change	<u>T</u>	CAMILA JHONES GONZALEZ	6750 SW 60TH STREET
Add			SOUTH MIAMI, FL 33143
Remove			
4) Change	<u>s</u>	JULISSA WOLIN	6750 SW 60TH STREET
X Add			SOUTH MIAMI, FL 33143
Remove			
5) Change	<u>S</u>	MACARENA SCALIA	6750 SW 60TH STREET
Add			SOUTH MIAMI, FL 33143
X Remove			
6) Change	<u>v</u>	LEONOR FLORES	6750 SW 60TH STREET
Add		-	SOUTH MIAMI, FL 33143
X Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	1
(attach additional sheets, if necessary). (Be specific)	٥ -
Treasurer Assistant is ABEL GONZALEZ GUZMAN. His name is misspelled as ADEL and should be corrected to	ABEL.
He will continue to be Treasurer Assistant.	
	<u>.</u>
	

	MAY 21 ST, 2019	
	date of each amendment(s) adoption:	, if other than the
Qate	this document was signed.	
Effe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
Not doc	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.	listed as the
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
XΩ	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 SEPTEMBER 10TH, 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 figureiary by that fiduciary) CAMILA JHONES GONZALEZ (Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	