

N15000010615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

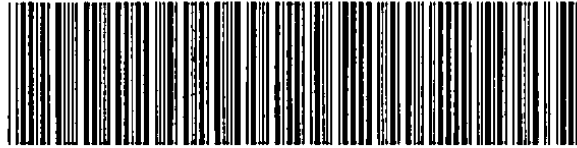
(Business Entity Name)

(Document Number)

ified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500355948735

12/07/20--01016--026 **52.50

12/07/20 10:10:37

12/07/20

COVER LETTER

Amendment Section
Division of Corporations

NAME OF CORPORATION: Team Pete Blue Rays Inc

DOCUMENT NUMBER: N15000010615

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

Please return all correspondence concerning this matter to the following:

Janira Abreu

(Name of Contact Person)

Miami Blue Rays Inc

(Firm/ Company)

10 S Federal Hwy

(Address)

Mt. Dora, FL 32070

(City/ State and Zip Code)

janira@teampetebuerays.org

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

For further information concerning this matter, please call:

Eric Vidal at 305 401-9117

(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:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

eam Pete Blue Rays Inc

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

15000010615

(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:

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

miami Blue Rays Inc

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.

Enter new principal office address, if applicable:

500 S Federal Hwy

Principal office address MUST BE A STREET ADDRESS)

#4486

Hallandale, FL 33008

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 4486

Hallandale, FL 33008

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:

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(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

2007-7-10 10:58 AM

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 title. 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:

<u>Change</u>	<u>PT</u>	<u>John Doe</u>
<u>Remove</u>	<u>V</u>	<u>Mike Jones</u>
<u>Add</u>	<u>SV</u>	<u>Sally Smith</u>


<u>Type of Action</u> (check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
<u>Change</u>	<u>VP/S/T</u>	<u>Elba Antuncz</u>	<u>5700 W 21 AVE</u>
<u>Add</u>			<u>HIALEAH FL 33016</u>
<input checked="" type="checkbox"/> <u>Remove</u>			
<u>Change</u>	<u>VP/S/T</u>	<u>Yanira Abreu</u>	<u>500 S Federal Hwy #4486</u>
<input checked="" type="checkbox"/> <u>Add</u>			<u>Hallandale, FL 33008</u>
<u>Remove</u>			
<u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
<u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
<u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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 06/30/2020 _____

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)

Eric Vidal

(Typed or printed name of person signing)

President

(Title of person signing)