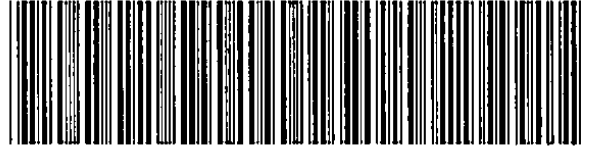


N16000002313



500305657795

11/16/17--01013--001 \*\*31.00

02/27/18--01024--002 \*\*12.75

2018 FEB 26 PM 10:14

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only

MAR 05 2018  
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February 21, 2018

2018 FEB 26 PM 4: 18

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32313

Subject: MCC Band Booster Association, Inc.

Reference Number: N16000002313

Enclosed you will find the money order in the amount of \$12.75 and we are requesting the amendment to the Florida corporation and sending the difference of the \$4.00 balance for the amendments to be made. Also, we have included the fee to request a certificate of status in the amount of \$8.75. Please feel free to contact me if there are any questions or concerns at (305) 725-2732.

Sincerely,



Mrs. Candra L. Mustafa

CC: MCC Band Booster Association, Inc.

Gamaliel Fleurantin, Band Director of Miami Carol City Senior High School Band

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MCC BAND BOOSTER ASSOCIATION,

DOCUMENT NUMBER: NI60000002313

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

Please return all correspondence concerning this matter to the following:

2018 FEB 26 PM 4:19

CANDRA L. MUSTAFA

(Name of Contact Person)

(Firm/ Company)

131 NW 108<sup>th</sup> TERRACE APT. 204

(Address)

PEMBROKE PINES, FL 33024

(City/ State and Zip Code)

CANDRA.MUSTAFA@GMAIL.COM

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

For further information concerning this matter, please call:

CANDRA L. MUSTAFA

(Name of Contact Person)

at (305) 725-2732

(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

MCC BAND BOOSTER ASSOCIATION, INC.

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

NI6000002313

(Document Number of Corporation (if known))

2018 FEB 26 PM 4:13

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)

3301 MIAMI GARDENS DR  
MIAMI GARDENS, FL 33056

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

131 NW 108th TERR APT. 204  
PEMBROKE PINES, FL 33026

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: CANDRA L. MUSTAFA

New Registered Office Address:

(Florida street address)

(City)

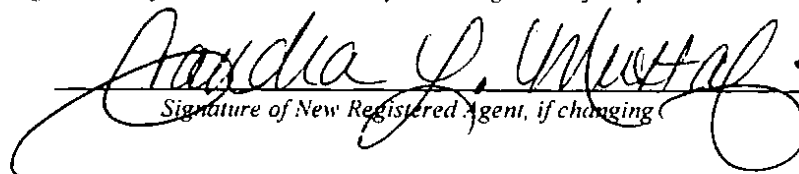
Florida

(Zip Code)

2018 FEB 26 PM 4:13

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 <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>NATHANIEL THURSTON</u>	<u>21355 NW 9th COURT APT. 105 MIAMI, FL 33169</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>LATANYA MURRAY</u>	<u>2241 S. SHERMAN C APT. C-113 MIRAMAR, FL 33051</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>CANDRA MUSTAFA</u>	<u>3301 MIAMI GARDEN MIAMI GARDENS, FL 33132</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>JACQUELINE MORRIS</u>	<u>3301 MIAMI GARDEN MIAMI GARDENS, FL 33133</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>C</u>	<u>TIFFANY MOSELEY</u>	<u>18431 NW 42 COURT MIAMI GARDENS, FL 33133</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____



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


Effective date if applicable: AUGUST 22, 2017  
(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 2/21/2018

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)

CANDIA L. MUSTAFA  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)