

2/22/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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S TALLENT
FEB 25 2019

COR AMND/RESTATE/CORRECT OR O/D RESIGN
KELLOGG ALUMNI CLUB OF SOUTH FLORIDA, INC.

Certificate of Status	0
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Page Count	06
Estimated Charge	\$43.75

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SECRETARY OF STATE
TALLAHASSEE, FL

Amend

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Corporate Filing Menu

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2019

CHEYENNE MOSELEY
101 N BRAND BLVD
11TH FLOOR
GLENDALE, CA 91203

SUBJECT KELLOGG ALUMNI CLUB OF SOUTH FLORIDA, INC
Ref. Number: N17000003324

We have received your document for KELLOGG ALUMNI CLUB OF SOUTH FLORIDA, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$43.75.

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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 319A00002246

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KELLOGG ALUMNI CLUB OF SOUTH FLORIDA, INC.

DOCUMENT NUMBER: N17000003324

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

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

(Name of Contact Person)

Legalzoom.com, Inc.

(Firm/ Company)

101 N. Brand Blvd., 11th Floor

(Address)

Glendale, CA 91203

(City/ State and Zip Code)

casaphro@gmail.com

✓

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

For further information concerning this matter, please call.

Cheyenne Moseley

800

773-0888 ext. 9724

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.

☐ \$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

KELLOGG ALUMNI CLUB OF SOUTH FLORIDA, INC.

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

N17000003324

(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)

4722 Alhambra Circle

Coral Gables, FL 33146

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4722 Alhambra Circle

Coral Gables, FL 33146

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:

Prithi Ramakrishnan

4722 Alhambra circle

(Florida street address)

New Registered Office Address:

Coral Gables

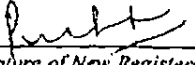
Florida 33146

(City)

(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

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	TD	Prithi Ramakrishnan	4722 Alhmabra Circle
<input checked="" type="checkbox"/> Add			Coral Gables, FL 33146
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	PD	Felipe E Conill	6043 SW 34th Street
<input checked="" type="checkbox"/> Add			Miami, FL 33155
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	TD	ECHEVERRI, FELIPE	4949 RIVIERA DR
<input type="checkbox"/> Add			CORAL GABLES, FL 33146
<input checked="" type="checkbox"/> Remove			
4) <input checked="" type="checkbox"/> Change	D	DERCHI RUSSO, MARIA	5050 NE 5 Avenue
<input type="checkbox"/> Add			Miami, FL 33137
<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			

[illegible]

The date of each amendment(s) adoption: 12/26/2018, if other than the date this document was signed.

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

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 Feb 14th '19

Signature [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)

Prithi Ramakrishnan
(Typed or printed name of person signing)

Treasurer
(Title of person signing)