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And

R. WHITE NOV 0 9 2018 2018 NOV -8 PH IZ: 0



September 26, 2018

MARILIA RODRIGUEZ 8408 SW 29TH ST MIRAMAR, FL 33025

SUBJECT: BOBCATS CHEER BOOSTER, INC.

Ref. Number: N18000007821

We have received your document for BOBCATS CHEER BOOSTER, 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):

Page 1(of 4) is missing from the document and must be included. Please find enclosed the missing page.

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.

Rebekah White Regulatory Specialist II

Letter Number: 218A00020083

COVER LETTER

TO: Amendment Section Division of Corporations

(Name of Contact Person) Bobcats Cheer Booster, Inc. (Firm/ Company) 408 SW 29th St. (Address) Airamar, FL 33025 (City/ State and Zip Code) obcatscheerbooster@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:	NAME OF CORPORATION	N18000007821 ON:					
the enclosed Articles of Amendment and fee are submitted for filling. Iteration and I correspondence concerning this matter to the following: (Name of Contact Person) Robeats Cheer Booster, Inc. (Firm/ Company) 408 SW 29th St. (Address) (City/ State and Zip Code) (Obeatscheerbooster@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: (Aartila Rodriguez (Name of Contact Person) (Acrea Code) (Daytime Telephone Number) (Additional Copy is Certificate Of Status (Additional Copy is Enclosed) (Mailing Address) Street Address							
City/ State and Zip Code	DOCUMENT NUMBER:						
(Name of Contact Person) Robeats Cheer Booster, Inc. (Firm/ Company) 408 SW 29th St. (City/ State and Zip Code) Robeatscheerbooster@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: (Name of Contact Person) (Area Code) (Daytime Telephone Number) (Additional Department of State: (Certificate of Status (Additional copy is certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed) (Mailing Address)	The enclosed Articles of Am	nendment and fee are subn	nitted for filing.				
(Name of Contact Person) Bobcats Cheer Booster, Inc. (Firm/ Company) 408 SW 29th St. (Address) Airamar, FL 33025 (City/ State and Zip Code) obcatscheerbooster@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Marilia Rodriguez (Name of Contact Person) (Name of Contact Person) (Name of Contact Person) (Name of Contact Person) (Sate Code) (Daytime Telephone Number) nelosed is a check for the following amount made payable to the Florida Department of State: Street Address Mailing Address Street Address	Please return all corresponde	ence concerning this matte	r to the following:				
Address (Address) Airamar, FL 33025 (City/ State and Zip Code) obcatscheerbooster@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Aarilia Rodriguez (Name of Contact Person) (Name of Contact Person) (Name of Contact Person) (Area Code) (Daytime Telephone Number) nelosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status (Additional copy is Certifice Copy (Additional Copy is Enclosed) Mailing Address Mailing Address Street Address	Marilia Rodrigu						
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(City/ State and Zip Code) **Obcatscheerbooster@gmail.com** E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: **Marilia Rodriguez** (Name of Contact Person)* **Ref 213-2447* (Area Code)* (Daytime Telephone Number) nelosed is a check for the following amount made payable to the Florida Department of State: **S35 Filing Fee** Certificate of Status* Certified Copy* (Additional copy is certified Copy* (Additional Copy is Enclosed) **Mailing Address** **Street Address**	Bobcats Cheer Booster, Inc.						
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Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Articles of Amendment to

Articles of Incorporation

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BACatel	war Boos	2018 HOY -8 PM 12:01
(Name of Corporation as	currently filed with the Flor	ida Dept. of States LATE AHASSEE, FL
(Document	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
	<u>.</u> .	The new
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	orporation" or "incorporated	I" or the abbreviation "Corp," or "Inc,"
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADD		
		
C. Enter new mailing address, if applicable:	16	
(Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u> </u>	
D. If amending the registered agent and/or registered		enter the name of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent:		 -
		orida street address)
New Registered Office Address:	,	or add sirect additions
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.	stered Agent: am familiar with and accept	the obligations of the position,
. , , , , , , , , , , , , , , , , , , ,	,	Economical transfer for the contract of

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	<u>V</u> <u>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	Shirley Charafardin	1478 NW 153rd Land
Add			Pembroke Pines, FL 33028
X Remove			
2) Change	T	Jessika Breton	19387 NW 13th St
X Add			Pembroke Pines, FL 33029
Remove			
3) Change		-	
Add			
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
Charac			
6) Change			
Add			<u> </u>
Remove			<u> </u>

<u>If amending or ad</u> (attach additional s	heets, if necessary). (Be specific	·)			
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					,	

	September 3, 2018	
The date of each amendment date this document was signed		_, if other than the
Effective date if applicable:	September 3, 2018	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) oproval.	
There are no members or adopted by the board of a	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Septe Dated	mber 10, 2018	
Signature	andra Realth	
have n	chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed tiduciary by that fiduciary)	_
Ma	urilia Rodriguez	
	(Typed or printed name of person signing)	
Pro	esident	
	(Title of person signing)	