N18000009957

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2020 SEP 22 FM 12-1.0

R. HUNT 0 8/77/23

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: STAllion	IS MUSIC BOOSTER Club, INC.
DOCUMENT NUMBER: N 1800000	9957
The enclosed Articles of Amendment and fee are sub	bmitted for filing.
Please return all correspondence concerning this mate	ter to the following:
ARCIA A	
	(Name of Contact Person)
Stallions	MUSIC BOOSTER Club, INC (Firm/Company)
10300 Wile	26 Rd (Address)
	(* ************************************
	22
Loral Spi	ving5, FL 33076 (City/State and Zip Code)
	ving5, FL 33016 © City/State and Zip Code)
	0 4
E-mail address: (to be used	d for future annual report notification)
For further information concerning this matter, please	e call:
ARCIA Alexander	at 754 322 - 3000 (Area Code) (Daytime Telephone Number)
(Name of Contact Person	n) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certified Copy (Additional Copy is Enclosed)
<u>Mailing Address</u> Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Stallions Music Bo	<u>xoster Clu</u>	b, INC.	
(Name of Corporation as currently filed with the Flori	ida Dept. of State)		
N1800000995	ν7		
(Document N	umber of Corporation (i	f known)	
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this Florida Not	For Profit Corporation adopts the following	owin
A. If amending name, enter the new name of the corp	oration:		
NIA		T.I.	
name must be distinguishable and contain the word "corp	poration" or "incorpora		e nev 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 ADDRE	N/A		
(Trincipus Office unuress MOST BE A STREET ADDRE	<u></u>		^>
			123
			2023 SEP
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
		 ,	22 PH 12: 40
			7
			<u></u>
D. If amending the registered agent and/or registered	office address in Florid	a, enter the name of the	O
new registered agent and/or the new registered offi	ice address:	THE PARTY OF THE P	
Name of New Registered Agent:	NIA		
Now Positional Office All		(Florida street address)	
<u>New Registered Office Address:</u>	. ()		
<u>N</u>	I/H	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am	red Agent: n familiar with and acce	pt the obligations of the position.	
	1/A_	istered Agent, if changing	
	Signature of New Regi	stered 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 De Y Mike Je SV Sally St	<u>ones</u>		
Type of Action (Check One)	<u>Title</u>	<u> Nаше</u>	<u>Addres</u> s	
1) Change Add	P	Samontha Waldbauer	10300 Wiles RD CORAISPINGS, FL	3307b
Remove 2) Change Add	P	James Carter	10300 Wiles RD CORAL Springs, F	[L33076
Remove 3) Remove Add Remove	T	Yadia Simunek	CORal springs, F13	
4) Change Add	<u>T</u>	Maria Gutterrez	10300 Wiles RD Coral Springs, FL	33076
Remove 5) Change Add				- - -
Remove 6) Change Add			ි දින දින සින	- - Ç
		cles, enter change(s) here:	# SEP 22	
(attach additional shee	is, if necessary).	(Be specific)	PM 12: 40	
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Effective date if applicable:	A1 A	
	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file data)	
Note: If the data income	moon jue uurej	
documents of	ck does not meet the applicable studyton, Giberry	
document s effective date on the Der	ck does not meet the applicable statutory filing requirements, this date value of State's records.	vill not be listed as the
•	to state 3 records.	and or using as tile
Adoption of Amendment(s)	(CHECK OND)	
	(CHECK ONE)	
The amendment(a)	opted by the members and the number of votes cast for the amendment(
was/were sufferings) was/were ad-	opted by the members and the number of votes and the	
nass were sufficient for approval	i. author of voics cast for the amendment	s)
	,	

ere are no membored by the boar		the amendment(s). The amendment(s) was/were
Dated	9/13/23	
Signature		
		of the board, president or other officer-if directors porator – if in the hands of a receiver, trustee, or that fiduciary)
	Maria	Gutierrez
	(Typed o	or printed name of person signing)
	TOEAC	so 2= 0

(Title of person signing)