

Division of Corporations Electronic Filing Cover Sheet

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COR AMND/RESTATE/CORRECT OR O/D RESIGN COMMUNITY THEATRE OF MIAMI LAKES, INC.

Certificate of Status	0
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Page Count	05
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COYER LETTER

TO: Amendment Seution Division of Corporations
NAME OF CORPORATION: COMMUNITY THEATRE OF MIAMI LAKES, INC.
DOCUMENT NUMBER: N19077
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CLARA M. LYZNIAK (Name of Contact Person)
(Name of Contact Person)
· (Firm/ Company)
6766 MAN STREET
(Address)
MIAMI LAKES, FL 33014 (City/ State and 2ip Code)
(City/ State and Zip Code)
PRESIDENTE MANISTREETO AVERS CON
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DENNIS 1 142.11AV 796 305-7096
DENNIS J. LYZNIAK at 786 395-7296 (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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is canclosed) Certified Copy (Additional Copy is Enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Address Amendment Section Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301

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	f			
COMMUNITY THEATRE OF	MIAMI LAKES, INC.			
(Name of Corporation as currently in	ed with the Florida Dept. of State)			
N1907	7			
(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Statutes, this amendment(s) to its Articles of Incorporation:	s Florida Not For Profit Corporation	n adopts the following		
A. If amonding name, onter the new name of the corporation:				
name must be distinguishable and contain the word "corporation"	YERS, NC.	/ The new		
name must be distinguishable and contain the word "corporation"	or "incorporated" or the abbreviation	on "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)	N/A			
(11 unipat office dualess (NOAL DE 71 SANDLE 712-2005)				
		. =		
	***************************************	6 5	7	
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	N/A	<u> P</u> r	J.	77
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D. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of	e Si	AH 10:	
new registered agent and/or the new registered office address	<u>ss:</u> ·	, 5 7	21	
Name of New Registered Agent:	N/A			
New Registered Office Address:	(Florido street address)			
	Flor	rida		
(C		Cip Code)		
New Registered Agent's Signature, if changing Registered Age	nt:			
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of t	he posttion.		
	#NV W 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	 		
Signat	ture of New Registered Agent, if chan	Ring		

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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.

X Change X Remove X Add	<u>PT</u> <u>V</u> SV	<u>Iohn Doe</u> <u>Mike Iones</u> Sally Smith	•
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2)Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	, 		
Add			
Remove			
6) Change			•
Add			
Remove		Page 2 a	
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attach additional sheets, if necess	d Articles, enter change(s) here: ary). (Be specific)	
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	<i>N/</i> A	

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		AND
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	·
(no more than 90 days after amendment file date)	
Note: If the date inscreed in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	t be listed as the
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	
Signature Clara M. Lynish	
(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)	
CLARA M. LYZMAK	
(Typed or printed name of person signing)	
(Title of person signing)	