N200000546

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03/26/24-01006--021 **35.**00**

COVER LETTER

TO: Amendment Section Division of Corporations

T Sharks Booster Clu NAME OF CORPORATION:	ıb Inc.			
N2000000546 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are subn	nitted for filing.			_
Please return all correspondence concerning this matte	er to the following:			
Ivis Valdes				
	(Name of Contact Perso	n)		
	(Firm/ Company)			
8520 SW 185 Street				
	(Address)			_
Cutler Bay, FL 33157				
	(City/ State and Zip Coc	le)		_
tsharksbooster@gmail.com				
E-mail address: (to be used	for future annual report	notification	n)	
For further information concerning this matter, please	call:			
Ivis Valdes	30 at	5	812-6210	
(Name of Contact Person)		rea Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount made pa	yable to the Florida Dep	artment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	D Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section		Address	ion	

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

T Sharks Booster Club Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N20000000546 (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: N/A 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: N/A (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

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 Doc 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 Doc, 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 I V Mike . SV Sally S	lones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u> </u>	Dawn Mckenzie	21517 SW 88 Place Cutler Bay, FL 33189
<u>×</u> Remove			
2) Change Add	<u>P</u>	Ana Echevarria	14941 SW 238 Street Miami, FL 33032
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		ticles, enter change(s) here: (Be specific)	
N/A	<u>. </u>		

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The date of each amendment(date this document was signed.	s) adoption: 3/20/24			, if other than the
	3/20/24			
	(no more than 90 d	ays after amendment file dat	e)	
Note: If the date inserted in thi document's effective date on th	s block does not meet the appl e Department of State's record	icable statutory filing requires.	ements, this date will	not be listed as the

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

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 3/20/24
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) Lyis Valdes
(Typed or printed name of person signing)
Secretary, Treasurer

(Title of person signing)