N20568

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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division-of Corporations

NAME OF CORPORATION: SOUTH FLORIDA MUSICAL GUILD, INC.			
DOCUMENT NUM	ивек: N20568		
	es of Amendment and fee are sub	mitted for filing.	
Please return all con	respondence concerning this matt	er to the following:	
	·	O ACEVEDO	
	(Name of	Contact Person)	
	(F:	10	
(Firm/ Company)			
	1754 NE 47 ST		
	(F	Address)	
OAKLAND PARK, FL 33334 (City/ State and Zip Code)			
	(City/ Stat	e and Zip Code)	
	PEDROACEVE E-mail address: (to be used	DO76@GMAIL.COM I for future annual report notification	ion)
For further informati	on concerning this matter, please	•	
PEDRO ACEVE	00	at (954) 612-1484	
(Name	e of Contact Person)	(Area Code & Daytim	e 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 & 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	

Articles of Amendment Articles of Incorporation of

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2011	FEB	17	Λ	^	

SOUTH FLORIDA MUSICAL GUILD, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N20568

(Document Number of Corpora	non (n known)	
Pursuant to the provisions of section 617.1006, Florida Statute the following amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For F</i>	Profit Corporation adopts
A. If amending name, enter the new name of the corporati	<u>on:</u>	
SOUTH FLORIDA PRIDE WIND	ENSEMBLE, INC.	
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may no	l "corporation" or "inc t be used in the name.	corporated" or the
B. Enter new principal office address, if applicable:	1750 EAST OAKLAND PARK BLYD	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	OAKLAND PARK,	FL 33334
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	1750 EAST OAKLA	AND PARK BLV
	OAKLAND PARK, FL 33334	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent: New Registered Office Address: (Flori		ter the name of the
	(City)	, Florida (Zip Code)
N B 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	•	(Lip Couls)
New Registered Agent's Signature, if changing Registered A lame between the appointment as registered agent. I amposition.		pt the obligations of the
Signature of New	Registered Agent. if cha	unging

(Attach add	nd title, name, and address of each litional sheets, if necessary)		
<u>Title</u>	<u>Name</u>	Address	Type of Ac
			
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	ding or adding additional Articles. additional sheets, if necessary). (Ba		
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The date of each amendmen	(s) adoption: 1/26/2011	
Effective date <u>if applicable</u> :		doption is required)
	(no more than 90 day	vs after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	re adopted by the members and roval.	the number of votes cast for the amendment(s)
There are no members or adopted by the board of di		amendment(s). The amendment(s) was/were
Dated_2/14 Signature	12011)	- U
(By		of the board, president or other officer-if directors or or or or or of the board, president or other officer-if directors or or of the board, president or other officer-if directors or of the board, president or other officer-if directors or other or other officer-if directors or other or other officer-if directors or other officer-i
	PEDRO	O ACEVEDO
	(Typed or printed	name of person signing)
	TRE	ASURER
	(Title of ne	reon signing)