

N20568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

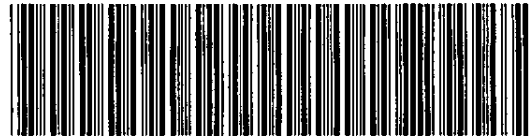
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 NOV -6 AM 9:33

Amend
@ 11.7.14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: South Florida Pride Wind Ensemble Inc

DOCUMENT NUMBER: N20568

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Olivia Rodriguez

(Name of Contact Person)

South Florida Pride Wind Ensemble Inc

(Firm/ Company)

1750 Oakland Park Blvd.

(Address)

Oakland Park, FL 33334

(City/ State and Zip Code)

treasurer@pridewindensemble.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olivia Rodriguez

(Name of Contact Person)

954

at (

478-7263

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
14 NOV -6 PM 4:56
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2014

OLIVIA RODRIGUEZ
SOUTH FLORIDA PRIDE WIND ENSEMBLE INC
1750 OAKLAND PARK BLVD
OAKLAND PARK, FL 33334

SUBJECT: SOUTH FLORIDA PRIDE WIND ENSEMBLE, INC.
Ref. Number: N20568

We have received your document for SOUTH FLORIDA PRIDE WIND ENSEMBLE, 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):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

You failed to sign the form.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 414A00022144

Articles of Amendment
to
Articles of Incorporation
of

South Florida Pride Wind Ensemble, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N20568

(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 amendments to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new 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.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(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:

Olivia Rodriguez

5460B Lakewood Cir

(Florida street address)

New Registered Office Address:

Margate

(City)


Florida

33063

(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

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14 NOV -6 AM 9:37

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:

<input checked="" type="checkbox"/> Change	PT	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	V	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	SV	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|-------------------|---|---|
| 1) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>PM</u> | <u>Beth Barbuto</u> | <u>1201 SE 2nd Ct</u>
<u>APT 401</u>
<u>Ft Lauderdale Fl 33301</u> |
| 2) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>T</u> | <u>Olivia Rodriguez</u> | <u>5460b Lakewood Cir S</u>
<u>Margate Fl 33063</u> |
| 3) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>S</u> | <u>Chris Rodriguez</u> | <u>1201 SE 2nd Ct</u>
<u>Apt 315</u>
<u>Fort Lauderdale Fl 33301</u> |
| 4) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u> </u> | <u> </u> | <u> </u>
<u> </u>
<u> </u> |
| 5) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u> </u> | <u> </u> | <u> </u>
<u> </u>
<u> </u> |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u> </u> | <u> </u> | <u> </u>
<u> </u>
<u> </u> |

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A 11/2/14

The date of each amendment(s) adoption: 9/29/14
(date this document was signed)

if other than the

Effective date if applicable: 10/1/14

(no more than 90 days after amendment file date)

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

9/29/2014

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)

Alain Ortiz

(Typed or printed name of person signing)

President

(Title of person signing)