N23000006504

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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations Miami Senior High Class of 1974 Fifty Year Reunion Inc NAME OF CORPORATION: N23000006504 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DELIA KENNEDY (Name of Contact Person) (Firm/ Company) 8425 NW 41 STREET APT 650 (Address) DORAL, FL 33166 (City/ State and Zip Code) delia@opus500Consulting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; **DELIA KENNEDY** 7865561397 (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: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

APPROVED AND FILED

MIAMI SENIOR HIGH CLASS OF 1974 FIFTY YEAR REUNION INC

2023 JUL 21 PM 4: 31

(Name of Corporation as currently filed with the Florida N23000006504	Dept. of State)	DECRETARY OF CALL MIASSEE.
<u>.</u>	per of Corporation (if known)	TALLMHASSEE.
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	•	it Corporation adopts the following
A. If amending name, enter the new name of the corpora		
	NA	The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or th	e abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MHS CLASS OF 74 REUN	ION
	PO BOX 141304	
	CORAL GABLES, FL 331	14
D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office a		the name of the
Name of New Registered Agent:	N/A_	
New Registered Office Address:	tFlorida str	eet address)
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		ligations of the position.
	ionature of New Revisiered Ac	tent 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 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 Do V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	D	FERNANDEZ-PATINO, MARIA	251 Valencia Ave #141304 Coral, Gables, FL 33114
Remove 2) Change Add	<u>D</u>	D, Maria	251 Valencia Ave Coral Gables, FL 33134
X Remove 3) Change Add X Remove	<u>D</u>	ESTRADA, JOSE C.	251 Valencia Ave #141304 Coral, Gables, FL 33114
4) X Change X Add	<u>D</u>	CABRERA, BERTA	251 Valencia Ave #141304 Coral Gables, FL 33114
Remove 5) X Change X Add	D	YRURETAGOYENA, MIRIAM	251Valencia Ave #141304 Coral Gables, FL 33114
Remove 6) Change Add			
(attach additional shee	ts, if necessary).	cles, enter change(s) here: (Be specific) Lexpend collected funds for the Miami Senio	r High Class of 1974 50 Year
Reunion.	ganize, conect and	expend conected funds for the Miann Semo	r riigh Class of 1974 30-Year
-			

	
	
	
The date of each amendment(s) adoption: July 10, 2023 date this document was signed.	, if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e 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.

re no members or members entitled to vote on the amendment(s). The amendment(s) was/were by the board of directors.
July 10, , 2023 Dated
Signature Berta Cakrera
(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)
Berta Cabrera
(Typed or printed name of person signing)
DIRECTOR (Title of person signing)