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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Mays Orchestra Boo	ster Club. Inc.		
DOCUMENT NUMBER:	N24000006423			
The enclosed Articles of Am	endment and fee are sub	mitted for filing.		
Please return all corresponde	nce concerning this matt	er to the following:		
Barbara Toriel				
		(Name of Contact	Person)	
The Mighty Orchestra Boost	er, Inc.			
· · · · · · · · · · · · · · · · · · ·		(Firm/ Compa	ny)	
18591 S Dixie Hwy #1108				
		(Address)		
Cutler Bay, FL 33157				
		(City/ State and Zi	p Code)	
hello@mightybooster.org				
E	-mail address: (to be used	for future annual i	eport notification	on)
For further information conc	erning this matter, please	call:		
Barbara Toriel			786	303-1561
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made p	ayable to the Florid	a Department of	f State:
□ \$35 Filing Fee	■S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing For Certified Copy (Additional copy enclosed)	Certi y is Certi (Add	50 Filing Fee ficate of Status fied Copy litional Copy is losed)
Mailing A Amendmen Division o P.O. Box 6	nt Section f Corporations	I	Street Address Amendment Sec Division of Corp The Centre of	porations

Requesting a name change amendment. Gratefully

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

Mays Orchestra Booster Club, Inc.		
(Name of Corporation as currently filed with the Florida	Dept. of State)	
N24000006423		
(Document Num	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts t	he following
A. If amending name, enter the new name of the corpora	ation:	
The Mighty Orchestra Booster, Inc.		The new
name must be distinguishable and contain the word "corpor" (Company" or "Co." may not be used in the name.	vation" or "incorporated" or the abbreviation "Corp.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u>s)</u> N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	2024 AUG 3
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		0 4 8: 52
Name of New Registered Agent:	<u>A</u> :•	
New Registered Office Address:	(Florida street address)	
<u>10 1</u>	(City) , Florida (Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	ed Agent:	1.
	Signature of New Registered Agent, if changing	
•	Signature of New Kegistered 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 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: X Change X Remove X Add	PT John De V Mike Je SV Sally Sr	ones	
Type of Action (Check One)	Title	Name	Address
1) Change Add		NA	
Remove			
2) Change Add			
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		icles, enter change(s) here: (Be specific)	
NIA			

	<u> </u>
	<u>-</u>
	<u>.</u>
	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, th document's effective date on the Department of State's records.	is date will not be listed as the
Adontion of Amendment(s) (CHECK ONE)	

 \blacksquare The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

was/were sufficient for approval.

	mbers or members entitled to vote on the amendment(s). The amendment(s) was/were pourd of directors.
Dated	08/25/2004
Signatu	re
	(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)
	Barbara Toriel
	(Typed or printed name of person signing)
	President
,	(Title of person signing)