

N40390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

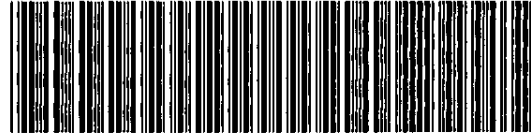
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

11 DEC -7 AM 9:10

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Amend
Theris
12-8-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Metro Aquatic Swimming Foundation Inc

DOCUMENT NUMBER: N 40390

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

Please return all correspondence concerning this matter to the following:

Teri Valdes Esq
(Name of Contact Person)

Teri Valdes Esq
(Firm/ Company)

1501 Venera ~~St~~ Ave # 300
(Address)

Coral Gables Florida 33146
(City/ State and Zip Code)

tgvaldes@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teri Valdes at (305) 740 9600
(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 &
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

Articles of Amendment
to
Articles of Incorporation
of

Metro Aquatic Swimming Foundation, Inc.

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

N 403 90

(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

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)

Teri Valdes Esq
1501 Venera Ave #300
Coral Gables FL 33146

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

Teri Valdes Esq
1501 Venera Ave #300
Coral Gables FL 33146

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:

Teri Valdes

New Registered Office Address:

1501 Venera Ave #300

(Florida street address)

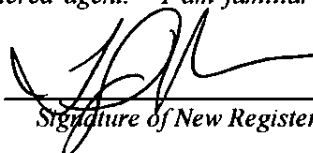
Coral Gables

(City)

Florida FL 33146
(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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SECRETARY OF STATE
TALLAHASSEE FLORIDA

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.
 (Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) _____	<u>Teri Valdes PD</u>	<u>10455 SW 42 Terrace</u> <u>Miami Florida</u> <u>33165</u>
2) _____	<u>Robert Castano VPD</u>	<u>12545 SW 120 Ave</u> <u>Miami Florida</u> <u>33186</u>
3) _____	<u>Jose Simpson S</u>	<u>690 Lincoln Rd # 300</u> <u>Miami Beach</u> <u>Florida 33139</u>
4) _____	<u>Lisa Ljung TD</u>	<u>5148 NW 106 Ave</u> <u>Doral Florida</u> <u>33178</u>
5) _____	<u>Miguel Basalo ATL</u>	<u>11130 NW 72 Terr</u> <u>Miami FL 33178</u>
6) _____	<u>Yaneth Araque ATL</u>	<u>901 NW 123 Court</u> <u>Miami FL 33182</u>

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) <u>TD</u>	<u>Julietta Rodriguez</u>	4) <u>EB</u>	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

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

N/A

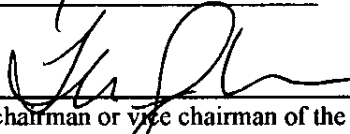
The date of each amendment(s) adoption: 11/22/2011
(date of adoption- required)
Effective date if applicable: 11/22/2011
(no more than 90 days after amendment file date)

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 11/22/2011

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)

Teri Valdes
(Typed or printed name of person signing)

President
(Title of person signing)