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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: I.L.A. Local N	o. 1416 Retiree Club Inc.	
DOCUMENT NUMBER: N9300000742		
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Neil Flaxman, Esq.		
(Name of	f Contact Person)	
Neil Flaxman, P.A.		
(Firm	n/ Company)	
80 S.W. 8th St., Suite 3100		
(Address)	
Miami, Florida 33130		
(City/ Sta	ate and Zip Code)	
For further information concerning this matter, p	please call:	
Neil Flaxman, Esq.	at (<u>305</u>) <u>810-2786</u>	
(Name of Contact Person)	(Area Code & Daytime 1	Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida Depa	ertment 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 Cir- Tallahassee, FL 32301	cle

Articles of Amendment to Articles of Incorporation of

20	FILED
ZUUS TA ^{SE} CR	APO.
nc	ETARY OF STAR

(Maine of Corporation as curre	No. 1416 Retiree Club Inc. ently filed with the Florida Dept. of S	AHASSEE, FLORID
	N93000000742	
	nber of Corporation (if known)	
suant to the provisions of section 617.1006, following amendment(s) to its Articles of In		Profit Corporation
f amending name, enter the new name of	f the corporation:	
new name must be distinguishable and correviation "Corp." or "Inc." "Company" o		ncorporated" or the
Enter new principal office address, if app incipal office address <u>MUST BE A STREE</u>		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable	<u> </u>	
(Mailing address <u>MAY BE A POST OFFI</u>	<u>CE BOX</u>)	
		
If amending the registered agent and/or i		nter the name of th
	stered office address:	
new registered agent and/or the new regi		
<u>Name of New Registered Agent:</u>		
-	(Florida street address)	
Name of New Registered Agent:	(Florida street address)	, Florida
Name of New Registered Agent:	(Florida street address) (City)	, Florida (Zip Code)

Signature of New Registered 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>P</u>	Ulysses Simmons	816 N.W. 2nd Avenue Miami, Florida 33136	Add Remove
<u>P</u>	Albert Coleman, Jr.	816 N.W.2nd Avenue Miami, Florida 33136	
			Add Remove
	ling or adding additional Articles, end ditional sheets, if necessary). (Be sp		

The date of each amendment(s) adoption: 4-24-07			
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/wer was/were sufficient for appr	e adopted by the members and the number of votes cast for the amendment(s) oval.		
There are no members or madopted by the board of directions	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.		
Dated	124/09		
Signature	the chairman or vice chairman of the board, president or other officer-if directors		
have	e not been selected, by an incorporator – if in the hands of a receiver, trustee, or receiver fiduciary by that fiduciary)		
	(Typed or printed name of person signing)		
	(Title of person signing)		

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