## N94000003995

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Anund 10,16,14

## **COVER LETTER**

TO: Amendment Section Division of Corporations THE JUNIOR MARLINS NEIGHBORHOOD SPORTS ASSOCIATION, INC. NAME OF CORPORATION: N94000003993 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NIRIAM M PEREZ (Name of Contact Person) NMP PROFESSIONAL SERVICES, INC. (Firm/ Company) 2500 SW 107 AVE SUITE 8 (Address) MIAMI, FL 33165 (City/ State and Zip Code) nmpprofessionals@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Niriam M Perez (Name of Contact Person) 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 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

(Additional Copy is

Enclosed)

## Articles of Amendment to Articles of Incorporation of

## THE JUNIOR MARLINS NEIGHBORHOOD SPORTS ASSOCIATION, INC.

(Name of Corporation as currently fi	led with the Florida Dept. of State)	
N94000003993		
(Docume	nt Number of Corporation (if known)	<del></del>
Pursuant to the provisions of section 617.1006 amendment(s) to its Articles of Incorporation:	5. Florida Statutes, this <i>Florida Not For Profit Corporation</i> ad	lopts the following
A. If amending name, enter the new name	of the corporation:	
N/A		The new
name must be distinguishable and contain the "Company" or "Co." may not be used in the	word "corporation" or "incorporated" or the abbreviation ' name.	
B. Enter new principal office address, if ap		
(Principal office address <u>MUST BE A STRE</u>	<u>ETADDRESS</u> )	
		<del>*</del> 
C. Enter new mailing address, if applicab (Mailing address <u>MAY BE A POST OFI</u>		, , , , , , , , , , , , , , , , , , ,
D. If amending the registered agent and/or new registered agent and/or the new re	r registered office address in Florida, enter the name of the	
	I/A	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	, Florida	
		Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registered	ging Registered Agent: Lagent – Lam familiar with and accept the obligations of the p	osition
	ignature of New Registered Agent, if changing	

Page 1 of 4

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 F           V         Mike J           SV         Sally S	lones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	BENIGNO ORTA	P O BOX 941312
X			MIAMI, FL 33194
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art (attach additional sheets, if necessary)	(Be specific)	<del></del>	
N/A			
			7
			-
	<del>.</del>		

The date of each amendment date this document was signed	(s) adoption: 10/0 1/20 14	if other than the
Effective date if applicable:	10/01/2014	
Energy date <u>mappineasie</u> .	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w was/were sufficient for ap	pere adopted by the members and the number of votes cast for the amendment(s) oproval.	•
There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated	TOBER 1, 2014	
have 1	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
ENRIG	UE D. ORTA	
	(Typed or printed name of person signing)	
PRESI	DENT/TREASURER	

(Title of person signing)