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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 12 4M3 BA	statball Booster alab inc.
DOCUMENT NUMBER: N > DOGOO	1968
The enclosed Articles of Amendment and fee are submitted for	filing.
Please return all correspondence concerning this matter to the f	ollowing:
Daniel Tin	۷٬٤, ٥
(Name o	f Contact Person)
(Fire	n/ Company)
3860 Crawford	Are
Minni FL 3313 (City/ Sta	3
E-mail address: (to be used for futur	(0 1
E-mail address: (to be used for futur	e annual report notification)
For further information concerning this matter, please call:	
Jesin Ribadeo (Name of Contact Person)	at 305 - 338 - +405 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to	he Florida Department of State:
	d Copy Certificate of Status onal copy is Certified Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Lans Dust-et bull Brister Club (26,	
(Name of Corporation as currently filed with the Florida Dept. of State)	
N7 00000 17 9 68	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the follow amendment(s) to its Articles of Incorporation:	/ing
A. If amending name, enter the new name of the corporation:	
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: 3860 Cinutord Ave	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Minm., FL 33133	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
က 	
	<u>:</u>
	<u>۔</u>
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	ĝο
new registered agent and/or the new registered office address.	
Name of New Registered Agent: Dhail Tihnis, o	
Name of New Registered Agent: 7700 Crawford Are	
(Florida street address) New Registered Office Address:	_
41	
Minni Florida FL	_
(City) (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	

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 D Y Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) K Change Add	<u></u>	Daniel Travero	3860 Clawford Aug
Remove			
2) Change Add			
Remove 3) Change Add Remove	<u></u>		
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti	icles, enter change(s) here: (Be specific)	
· · ·			

		
		
The date of each amendment(s) adoption:date this document was signed.	12/1/20	, if other than th
Effective date if applicable: (no mo.	re than 90 days after amendment file	date)
Note: If the date inserted in this block does not n document's effective date on the Department of S	neet the applicable statutory filing recitate's records.	juirements, this date will not be listed as the
Adoption of Amendment(s) (CHE	CK 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 member adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.
Dated	12/07/20
Signature	
ha	the chairman or vice chairman of the board, president or other officer-if directors ve not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	Duniel Traviero
	(Typed or printed name of person signing)
	_
	President
	(Title of person signing)