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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

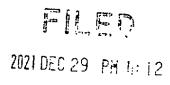
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FL ADULT BASEB. NAME OF CORPORATION:	ALL INC		
N21000013603			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subr	nitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
ROMAN KATYNSKI			
	(Name of Contact Per	son)	
	(Firm/ Company)		
2914 GREENLEAF TER			
	(Address)		
PARRISH, FL 34219			
	(City/ State and Zip C	ode)	
info@FLAdultBaseball.com			
E-mail address: (to be used	for future annual repo	ort notification	1)
For further information concerning this matter, please	cail:		
ROMAN KATYNSKI	at _	941	999-1146
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida D	epartment of	State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi) Filing Fee icate of Status ed Copy tional Copy is sed)
Mailing Address		eet Address	
Amendment Section Division of Corporations		endment Secti ision of Corpo	
Division of Corporations	עוט	o or corpe	

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation οf



FL ADULT BASEBALL INC

FL ADULT BASEBALL INC		CECRETARY of office
(Name of Corporation as currently filed with the Florida)	Dept. of State)	TALLA DANGER BY
N21000013603		•
(Document Numb	per of Corporation (if kr	nown)
Pursuant to the provisions of section 617.1006. Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	tion:	
N/A		The nev
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
(Mutting uturess MAT DE AT OST OFFICE DOX)		
D. If amending the registered agent and/or registered offi	ce address in Florida	enter the name of the
new registered agent and/or the new registered office a		CIRCLY CIRC HAIRE OF CIRC
Name of New Registered Agent: N/A		
	<u>-</u>	
	(Flo	orida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I am fa	miliar 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	<u>PT</u> <u>V</u> <u>SV</u>	John De Mike Jo Sally St	ones	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change Add		-	<u>N/A</u>	
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	g additio ts, if nece	nal Arti ssary).	cles, enter change(s) here: (Be specific)	
ADD ARTICLE:				
THE ORGANIZATION I	S ORGA	NIZED I	EXCLUSIVELY FOR CHARITABLE AND	EDUCATIONAL PURPOSES
			NAL REVENUE CODE. UPON THE DIS	
			SISTRIBUTED FOR ONE OR MORE EXEM	
			INTERNAL REVENUE CODE OF CORP.	

FUTURE FEDERAL TAX CODE, OR SH	ALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR	ГО А
LOCAL GOVERNMENT, OR A PUBLIC	PURPOSE.	
·		
		
-		 :
		
		-
		
The date of each amendment(s) adoption:	DECEMBER 23, 2021	
date this document was signed.	E E E E E E E E E E E E E E E E E E E	, if other than the
Effective date if applicable:		
(1)	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will no it of State's records.	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

.

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) ROMAN KATYNSKI
(Typed or printed name of person signing)

(Title of person signing)