## N23000003502

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: OCALA LADY K	NIGHTS BASKET	BALL BOOS	STERS, INC	<del></del>
DOCUMENT NUMBER: N23000003502	<del></del>			
The enclosed Articles of Amendment and fee are su	abmitted for filing.			
Please return ali correspondence concerning this ma	atter to the following	<u>;</u> ;		
PAMELA LEWIS				
	(Name of Contac	t Person)		
N/A				
	(Firm/ Comp	pany)		<u> </u>
1032 NW 11TH AVE				
	(Address	5)		
OCALA, FL 34475				
	(City/ State and 2	Lip Code)		
VHS.LADYKNIGHTBB@GMAIL.COM	_,	,		
E-mail address: (to be us	sed for future annual	report notifi	cation)	
For further information concerning this matter, plea	se call:			77 SEO 8893
N/A		at N/A	N/A	SECKETA 3U
(Name of Contact Perso	on)	(Area Co	ode) (Daytime Telepho	ne Number) 😕
Enclosed is a check for the following amount made	payable to the Flori	da Departme	nt of State:	
■ \$35 Fifing Fee □\$43.75 Filing Fee & Certificate of Status		py is (	52.50 Filing Fee Certificate of Status Certified Copy Additional Copy is Enclosed)	E FILE
Mailing Address  Amendment Section  Division of Corporations		Street Addr Amendment Division of (		

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

OCALA LADY KNIGHTS BASKETBALL BOOSTERS, INC

(Name of Corporation as currently filed with the	Florida Dept. of State)	
N23000003502		
(Docume	ent Number of Corporation (if kr	nown)
Pursuant to the provisions of section 617.1006. Flori amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
N/A		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicat	ole: N/A	
(Principal office address MUST BE A STREET AL		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	<u>N/A</u>	
	-	_
D. If amending the registered agent and/or registered agent and/or the new registered.		enter the name of the
	N/A	
Name of New Registered Agent:	10//	
	,	orida street address)
<u>Vew R. gistered Office Address</u> :	17.11	orna sireci adaressy
	N/A	Florida N/A
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R	egistered Agent:	
I hereby accept the appointment as registered agent	. I am familiar with and accept	the obligations of the position.
<del>-</del>	Signature of New Registe	ered 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>V</u> <u>Mil</u>	nn <u>Doe</u> ke Jones ly <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>D</u>	WANDA ALLEN	1412 NW 20TH AVE OCALA, FL 34475
Remove			
2) Change Add			
X   Remove	<u>D</u>	WANDA WASHINGTON	1412 NW 20TH AVE OCALA, FL 34475
4) Change Add			
Remove 5) Change Add			2023 MAY 30 SECK IT NO. 1 TALL 1917:
Remove 6) Change Add Remove		<u> </u>	AM 6: 23
		Articles, enter change(s) here: y). (Be specific)	
N/A	*****		

was/were sufficient for approval.

Dated

5/25/2023

Signature

(Dy 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)

TERRANCE LEWIS

(Typed or printed name of person signing)

BOARD DIRECTOR

(Title of person signing)

SECTION OF STATE

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