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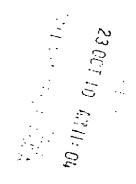
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

Taliahassee, FL 32314

NAME OF CORPORATION:	CA KATON
DOCUMENT NUMBER: 72406	<u>-</u>
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matter	er to the following:
RHIAN	J WARNER (Name of Contact Person)
	(Name of Contact Person)
JUNIOR LEAGUE	OF BOCA RATUN
	(Firm/ Company)
261 NW 13th	STREET
	(Address)
BOLA RATI	ON, FLOKIDA, 33432 (City/ State and Zip Code)
	(City/ State and Zip Code)
financediv	te chor (a) jlbr. org
For further information concerning this matter, please	call:
RHIAN WARNER	at 561 817 - 1301 (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
\$35 Filing Fee \$\Begin{array}{c} \$43.75 Filing Fee & Certificate of Status \end{array}\$.	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

JUMIOR LEAGUE O	F BOCA RATO	V IN 23 007 10 AMIL.
(Name of Corporation as currently filed with the Flor	ida Dept. of State)	
		Mark to the state of
(Document N	umber of Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For a	Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
N/A		201
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	poration" or "incorporated"	The new or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in Florida, er	iter the name of the
Name of New Registered Agent	N/A	
<u>New Registered Office Address:</u>	(Floria	da street address)
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I an	red Agent: n familiar with and accept the	e obligations of the position.
	Signature of New Registere	d 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>Mik</u>	n Doc te Jones v Smith	
Type of Action (Check One)	Title	Name	Address
1) Cnange Add	<u>P</u>	MEGHAN STIEA	100 NW 69 CIR, UNIT 42 BOCA RATON, FL 33487
Remove 2) Change Add		LAURIE DANIEL	143 LAWLASTON ROAD BOYNTONBEALLY, FL, 3342
kemove 3) Change Add Remove	<u>p</u>	HOLLY MCNULTY	STOB ROTALLUBBLE BOYNTON BOALLY, FL, 3343
4) Change Add	<u>D</u>	REILLY GLASSER	1299 RIVERFALLS CT. BOLA RATION, M., 33428
✓ Remove 5) Change ∧dd	<u> </u>	STEPHANIETUNIS	1899 ISABEL ROAD CESTE, BOCA RATION, FL. 33486
Remove 6) Change Add	<u>D</u>	NICOLE STELZER	2713 NW 70 TO BUN BOCK RATION, FL, 33496
E. If amending or ad (attach additional s		Articles, enter change(s) here: v). (Be specific)	
N/A			
	·		

AMENDIM, OFFICERS (CONTINUED)

Type of Action	Title	Name	Address
Add	S.	AMANDA O'BRIÐN	12946 ANTHOLINE LANE BOYNTON BEACH, FL, 33436
Add	P	RHIAN WARNER	8 NEITH STREET DELRAYBEACH, FL, 33444

The date of each amendment(s) adoption: 6 1 1 20 23 if other than ti
date this document was signed.
6.1.112027
(no more than 90 days after amendment file date)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amount months are to a second by the second sec
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

	mbers or members entitled to vote on the amendment(s). The amendment(s) was/were oard of directors.
Dated	09/06/2023
Signatu	e Rivaner
	(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)
	RHIAN WARNER
	(Typed or printed name of person signing)
	DIRECTOR OF FINANCE
	(Title of person signing)