141569

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(Ad	dress)			
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(Address)				
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Stuart Youth Soccer Club			
DOCUMENT NUMBER: 741569			
The enclosed Articles of Amendment and fee are submitte	ed for filing.		
Please return all correspondence concerning this matter to	the following:		
Chad Thimons	-		
	ame of Contact Person)	
	(Firm/ Company)		
889 Sw Sun Circle			
	(Address)		
Palm City, Florida 34990			
(Ci	ty/ State and Zip Code	:)	
cthimons.mu@gma			
E-mail address: (to be used for	•	otification)	
For further information concerning this matter, please call			
Chad Thimons	_{at (} 904	252-5320 de & Daytime Telephone Number)	
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)	
Enclosed is a check for the following amount made payab	le to the Florida Depa	rtment of State:	
(643.75 Filing Fee & Certified Copy Additional copy is enclosed)	©\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



	of A
Stuart Youth Soccer Club 1 NC	
(Name of Corporation as currently filed with the Flor	rida Dept. of State)
741569	
(Document Number of Co	rporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
Martin United Soccer Club, Inc	The new
name must be distinguishable and contain the word "corporat. "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	889 Sw Sun Circle
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Palm City, FI 34990
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	889 Sw Sun Circle
	Palm City, FI 34990
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac	
Name of New Registered Agent:	. 1 A
	Nanh
New Registered Office Address:	(Florida street address)
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fan	niliar with and accept the obligations of the position.
Signature of New I	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 Y Mike SV Sally	Doe 2 Jones Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	Ì
1) Change Add Remove				
2) Change Add Remove				
3) Change Add Remove	 			
4) Change Add Remove	· 			
5) Change Add				
Remove 6) Change Add Remove				

If amending or adding ad attach additional sheets, if	necessáry). (Be	specific)			
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	<u>-</u>				

4	e this document was signed.	_, if other than the		
Eff	ective date <u>if applicable</u> :	_		
	(no more than 90 days after amendment file date)	_		
Add	option of Amendment(s) (<u>CHECK ONE</u>)			
	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 members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.			
	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)	_		
	Chad M Thimons			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			