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JUL 28 2010

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PALM BEACH COUNTY SEMINOLE BOOSTERS, IN	C
DOCUMENT NUMBER: 770147	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	•
DENISE O'BRIEN  (Name of Contact Person)	
(Firm/Company)  18444 LOST LAKE WAY  (Address)  JUPITER, FL 33458  (City/State and Zip Code)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:  DENISE OBRIEN  at (56) 743 - 9510  (Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
■\$35 Filing Fee  Certificate of Status  Certificate of Status  Certified Copy  (Additional copy is enclosed)  Certified Copy  (Additional Copy is enclosed)  Certified Copy  (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

#### **Articles of Amendment**

## to Articles of Incorporation of

PALM BEACH COUN	ITY SEMI	NOLE BOOS	STERS IN	C,
: (Name of Corporation as c	urrently filed with	the Florida Dept. of St	ate)	•
77014	<i>41</i>		•	
(Document	Number of Corporat	ion (if known)		
D	006 District		Des 64 Compositions o	مغمما
Pursuant to the provisions of section 617.10 the following amendment(s) to its Articles		, tnis <i>Floriau Not For F</i>	<i>roju Corporation</i> a	uopis
	•	•		
A. If amending name, enter the new nan	ne of the corporation	<u>n:</u>		
PALM BEACH-COUNT	Y-SEMINI	OLE-CLUB.	INC	<del></del> ,
The new name must be distinguishable ar	nd contain the word	"corporation" or "Inc	corporated" or the	
abbreviation "Corp." or "Inc." <u>"Compan</u>	<u>y" or "Co." may no</u>	t be used in the name.		
B. Enter new principal office address, if	applicable:			
(Principal office address <u>MUST BE A ST</u>	REET ADDRESS )	•		•
,			<u> </u>	
				77
C. Enter new mailing address, if application	nhla:	:	HAT IF 2	
(Mailing address MAY BE A POST O			28 \ARY \SSE	1-4-
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		:	<u> </u>	Freq. 3
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D: If amending the registered agent and	or registered office	address in Florida en	tor the name of the	,
new registered agent and/or the new			ter the name of the	,
Name of New Partners de Armet	:		·	
Name of New Registered Agent:			<del>`</del>	Ϋ.
			<u> </u>	•
New Registered Office Address:	(Flor	ida street address)		
			, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if cha	inging Registered A	.αent• ≥	· •	
I hereby accept the appointment as regist			ept the obligations of	of the
position.				
			<u>.                                      </u>	
	Signature of New	Registered Agent, if ch	anging	
	Page 1 of 3	•		
•	rage rora			

### 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)

<u>Title</u>	<u>Name</u>		Address	Type of Action
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E. Ifamendi	ng or adding add	litional Articles, ente	r change(s) here:	
(attàch ada	litional sheets, if n	necessary). (Be spec	ific)	
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The date of each amendment(s) adoption: JULY 20, 2010
(date of adoption is required)
Effective date if applicable: JULY 20, 2010
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK 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 members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated JULY 34, 20/0-
Dated OUC / Sort - Comment of the Co
Signature Denyse D'Bruen
(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)
DENISE O'RRIEN
(Typed or printed name of person signing)
DIRECTOR/ VICE PRESIDENT
(Title of person signing)

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