## alkacocon

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400248289944

05/28/13--01030--016 \*\*43.75

R. WHITE

SECRETARY OF STATE

3 NAY 28 AN 9:3

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Plantation	Colonels Bas	eball Boosters, Inc.
DOCUMENT NUMBER: NO000000	416	
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Debra Fallas		
	(Name of Contact Persor	n)
NIA		
	(Firm/ Company)	
107 <i>25</i> NW 40th Street		
	(Address)	
Sunrise, FL 33351		
	(City/ State and Zip Code	e)
debfallas@hotma	il.com	
E-mail address: (to be used	for future annual report i	notification)
For further information concerning this matter, please	call:	
Debra Fallas	<sub>at</sub> 954	567-1301
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	ertment of State:
□ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status	□\$43.75 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 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED

## Plantation Colonels Baseball Boosters, Inc.

13 NAY 28 AM 9: 31

(Name of Corporation as currently filed with the Florida Dept. of State)

N00000000416

SECRETARY OF STATE TALL AHASSEE ELORIDA

·
tutes, this Florida Not For Profit Corporation adopts the followin
ration:
The nev
oration" or "incorporated" or the abbreviation "Corp." or "Inc."
10725 NW 40th St
Sunrise, FL 33351
PO Box 452392
Sunrise, FL 33345
ffice address in Florida, enter the name of the e address:
llas
V 40th St
(Florida street address)
33351
, Florida 33351 (Zip Code)
ed Agent: familiar with and accept the obligations of the position.  Glip Code  familiar with and accept the obligations of the position.  gistered Agent, if changing

Page 1 of 4

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>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>P</u>	Lisa Kafka	7962 NW 7th Ct
Add			Plantation, FL 33324
X Remove			
2) Change	S	Kim Jones	13345 NW 7th St
Add			Plantation, FL 33325
X Remove			
3 ) Change	P	Debra Fallas	10725 NW 40th St
X Add			Sunrise, FL 33351
Remove			
4) Change	S	Elise Bishop	10484 NW 2nd Ct
X			Plantation, FL 33324
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
MA				

Γhe	date of each amendment(	s) adoption: May 1, 2013	
Effe	ective date <u>if applicable:</u>	May 1, 2013	
	· · · · · · · · · · · · · · · · · · ·	(no more than 90 days after amendment file date)	
Ado	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.	
	There are no members or radopted by the board of di	nembers entitled to vote on the amendment(s). The amendment(s) was/were irectors.	
	Dated May	1, 2013	
	(By the have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)	_
	Debra F	allas	
		(Typed or printed name of person signing)	
	Preside	nt	
		(Title of person signing)	