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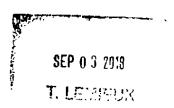
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	UTH FOOTBALL LEAGUE , INC
N02000002262 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	
Please return all correspondence concerning this n	natter to the following:
MICHELLE THOMAS	
	(Name of Contact Person)
TAMARAC YOUTH FOOTBALL LEAGUE. IN	SC .
	(Firm/ Company)
4820 NW 19TH CT	
	(Address)
LAUDERHILL, FL 33313	
	(City/ State and Zip Code)
TYFLCOUGARS@OUTLOOK.COM	
E-mail address: (to be t	used for future annual report notification)
For further information concerning this matter, ple	ease call:
MICHELLE THOMAS	954 618-7027
(Name of Contact Per	
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat	e & S43.75 Filing Fee & S52.50 Filing Fee cus Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address

Amendment Section Division of Corporations Clifton Building

Articles of Amendment to Articles of Incorporation of

TAMARAC YOUTH FOOTBALL LEAGUE INC.		FILED
(Name of Corporation as curren	itly filed with the Florida Dep	t. of State)
N02000002262		2019 編3 21 P 图 35
(Document Numb	per of Corporation (if known)	common transport of CTATE
Pursuant to the provisions of section 617,1006, Florida Statuto amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit	Corportation Substitute 1818.00
A. If amending name, enter the new name of the corporat	ion:	
N/A		The new
name must be distinguishable and contain the word "corpora" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the	abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)	
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 office a new registered agent and/or the new registered office a	ce address in Florida, enter th	e name of the
Name of New Registered Agent: N/A		
New Registered Office Address:	(Florida stree	t øddress)
N/A		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai	Agent: miliar with and accept the oblig	tations of the position.
	gnature of New Registered Age	nt, 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 E V Mike J SV Sally S	<u>lones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	TAVARIS BRAGDON	4820 NW 19TH CT
Add _X Remove			LAUDERHILL, FL 33313
2) Change	S	MERDITH MACK	4820 NW 19TH CT
Add X Remove 3) Change			LAUDERHILL, FL 33313
Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change			

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

	N/A	
The date of each ame date this document wa	endment(s) adoption:	, if other than the
Effective date <u>if appl</u>	08/19/2019	
	(no more than 90 days after amendment file date)	-
Note: If the date inserdocument's effective of	rted in this block does not meet the applicable statutory filing requirements, this date on the Department of State's records.	s date will not be listed as the
Adoption of Amenda	nent(s) (<u>CHECK ONE</u>)	
☐ The amendment(s was/were sufficient	s) was/were adopted by the members and the number of votes cast for the amen out for approval.	dment(s)
There are no men adopted by the be	nbers or members entitled to vote on the amendment(s). The amendment(s) was	s/were
Dated	08/19/2019	
Signatur	Millet	
-	(By the chairman or vice chairman of the board, president or other officer-if d have not been selected, by an incorporator – if in the hands of a receiver, trus other court appointed fiduciary by that fiduciary)	
	MICHELLE THOMAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	