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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: South Lake Little League, Inc.	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Bernie Lee Drew II (Name of Contact Person)	
South Lake Little League (Firm/Company)	
P.O. Boy 120986 (Address)	
Clermont, Fl 34712 (City/ State and Zip Code)	
Lorew & South Lake 11. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	987
Bernie Lee Drewtt at (352) (38-3433 (Area Code) (Daytime Telephone Number)	OFF STA
Enclosed is a check for the following amount made payable to the Florida Department of State:	SKOLL JE
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status (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

Street Address

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

South Lake Little Ler	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
NO 2 00000 67	
(Document Number	er of Corporation (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:
	The new
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
	A of the contract
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	1250 12th Street
Trincipul office unuress MOST DE A STREET ADDRESS)	Clemont, Florida
	34712
•	31116
C. Enter new mailing address, if applicable:	000-12000
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 120986
	Clermont Fl
	347 12
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office ad	
Name of New Registered Agent: 13	ernie Lee Drew III
1250	12th St.
	12 4 St. (Florida street address)
New Registered Office Address:	
<u> </u>	rmo+ , Florida 347
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered American law for the Appointment as registered agent. I am fam	
	gnature of New Registered 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	V Mil	n Doe ce Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	P	Brian Ronnolds	13211 Olenson Ct. Clormat, Fl 34711
2) _X_ Change Add Remove	PS	Bernie Lee Drew IT	1290 North Ridge Blad Apt 121 Clormat, F1 34711
3) Change Add Remove	vP	Scott Nethero	15025 Margaux Dive Clermont, Fl 34714
4) Change Add Remove	<u>T</u>	Chris Fitzgardd	10539 (ador Forest Circle Clermand, Fl 347 11
5) Change Add Remove	<u>T</u>	Erin St. Onge	463 Kistler Circle Clermont, Fl 34711
6) Change Add	_\$_	Lisa Coning	10530 Sunbirst View Pr. Marmal, Fl 34711
Remove		Page 2 of 4	271

(attach additional sheets, if necessary). (Be specific)					
Remove,	Information Officer	Lindsey	This pan		
Remove,	Player Agent Bo	cky Eva	MS.		
Remove,	Connession Marager	Prankie	Hon		
	,, , , , , , , , , , , , , , , , , , , ,				
40.00					

E. If amending or adding additional Articles, enter change(s) here:

	e date of each amendment(s) adoption: _ e this document was signed.	(0-1-11	, if other than the			
	ective date <u>if applicable</u> :	6-1-17				
	(no	more than 90 days after amendment file date)				
	te: If the date inserted in this block does no ument's effective date on the Department of	ot meet the applicable statutory filing requirement f State's records.	its, this date will not be listed as the			
Ad	option of Amendment(s) (<u>C</u>	HECK ONE)				
¤	The amendment(s) was/were adopted by twas/were sufficient for approval.	he members and the number of votes cast for the	: amendment(s)			
	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	7				
	SignatureB	30	(6.1)			
	have not been selected	e chairman of the board, president or other office, by an incorporator—if in the hands of a receive fiduciary by that fiduciary)				
	Ber	(Typed or printed name of person signing)				
		Prosident				
		(Title of person signing)				