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2021 MAR 12 PM 3: 16 SECRETARY OF STATE

1 RUHPY

COVER LETTER

TO: Amendment Section Division of Corporations

DAVIE YOU' NAME OF CORPORATION:	TH TRAVEL HOCKEY	Y ASSOCIATIO	N, INC.	
N04000004026 DOCUMENT NUMBER:				_
The enclosed Articles of Amendment and fee a	re submitted for filing.			
Please return all correspondence concerning thi	s matter to the followin	g:		
DAVID S CRAMMER				
	(Name of Conta	ct Person)		_
SAJO FINANCIAL CORP				
	(Firm/ Com	pany)		_
3801 NORTH UNIVERSITY DRIVE, SUITE	318			
	(Addres	s)		_
SUNRISE, FL 33351				
	(City/ State and	Zip Code)		_
E-mail address: (to b	oe used for future annua	l report notificat	ion)	_
For further information concerning this matter,	please call:			
DAVID S CRAMMER		954 _ at	742~8700	
(Name of Contact	Person)	(Area Code) (Daytime Telephone Number)	_
Enclosed is a check for the following amount n	ade payable to the Flor	ida Department (of State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing F Certificate of \$		Cer ppy is Cer (Ad	.50 Filing Fee dificate of Status dified Copy ditional Copy is closed)	
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Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

DAVIE YOUTH TRAVEL HOCKEY ASSOCIATION, INC.

2021 HAR 12 PM 3: 16

N04000004026	SECRETARY OF STATE
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statt amendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation of the corp	
name must he distinguishable and contain the word "corpor "Company" or "Co," may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	7495 W. ATLANTIC AVE
(Principal office address MUST BE A STREET ADDRES.	SUITE 200
	DELRAY BEACH, FL 33483
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7495 W. ATLANTIC AVE
	SUITE 200 - #296
	DELRAY BEACH, FL 33483
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent:	A
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am J	
	Signature of New 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	<u>PT</u> <u>V</u> <u>SV</u>	John De Mike Jo Sally St	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change Add		_		
Remove				
2) Change Add		_		
Remove 3) Change Add Remove		_		
4) Change Add		_		
Remove				
5) Change Add				
Remove				
6) Change Add		_		
Remove				
E. If amending or addin (attach additional shee			icles, enter change(s) here: (Be specific)	
NIA				
			-	· ·
		.	- 	

	
The date of each amendment(s) adoption;	, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
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.

Dated	3/4/2021
isated	
Signatur	: Uhmel
	(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)
	JUSTIN MCCLAINE
	(Typed or printed name of person signing)
	The Actines
	TREASURER
	(Title of person signing)