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TALLANASSEE, FLORINA

DEC 06 2013 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Gym Funatics Booster Club
DOCUMENT NUMBER: N0500012243
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carrie Novack (Name of Contact Person)
(Name of Contact Person)
Gym Funatics Booster Club
8482 Day St. (Address)
Spring Hill, FL 34606 (City/ State and Zip Code)
(City/ State and Zip Code)
Carrieantrack a gmail. Com E-mail address: (to be used for future aunual report notification)
For further information concerning this matter, please call:
Carrie Novack at (508) 577-0782 (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 Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is Enclosed) \$52.50 Filing Fee Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Article	s of Amendment to	FILED
Articles	of Incorporation	
Gym Funatics (Name of Corporation 'as currently filed with the Flor	Booster Clu	13 DEC -2 PM 3: 15 b SECRETARY OF STATE TALLAHASSEE, FLORIDA
N05000122 (Document Number of Co	<u>43 </u>	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Corp</i> e	oration adopts the following
A. If amending name, enter the new name of the corporation	<u>ou:</u>	
		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 abbr	reviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8482 Day	St.
(Timeput office unitess STOST BL. ASTREET ADDRESS)	Spring Hill,	<u>FL 3440</u> 6
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8482 Day Spring Hill, FL	5+. - 34406
D. If amending the registered agent and/or registered offic	e address in Florida, enter the na	ine of the
new registered agent and/or the new registered office a		
Name of New Registered Agent: CCYY	ie Novack	una.
843	82 Dayst.	_
New Registered Office Address:	Fiorida street adaressi	
Spri Icini	ng Hill Florida	a <u>34406</u> (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far Signature of New	Agent: piliar with and accept the offigation Registered Agent, if changing	ns of the position.

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 Mik	n <u>Doe</u> e Jones y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>PD</u>	Bettylan Barron	PO Box 11294 Spring Hill, FL 34610
2) Change Add Remove	<u>VPD</u>	Carmella Mott	12484 Moneta Rd Weeki Wachee, FL 34414
3) Change Add ✓ Remove	<u>SD</u>	Patricia Jones	19475 Bidwell Rd. Brooksville, FL 34601
4) Change Add Remove	<u>TO</u>	Jennifer Torraco	12484 Monetard. Weeki Wachee, FL 34614
5) Change Add Remove	Other	Nancy Wenrich	2139 Rackley Rd. Brooksville, FL 34404
6) Change Add Remove	_PD_	John Jones	18340 Thomas Blvd Hudson, FL 34447
		Page 2 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.

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Example: X Change X Remove X Add	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	VP	Carrie Novack	8482 Dayst. Spring Hill, FL 34606
2) Change Add	TD_	Sheila Soares	16726 Kerry Hills Ln. Spring Hill, FL 34610
Remove 3) Change Add Remove	<u>SD</u>	Nicole Janse Van Rensburg	5019 Kirkland Ave Spring Hill, FL 34609
4) Change Add Remove	Other	Dannette Carpenter	13462 Weatherford Ave Spring Hill, FL 34609
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)			
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	edate of each amendment(s) adoption:	, if other than the
date	this document was signed.	
Effe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
Adr	option of Amendment(s) (CHECK ONE)	
Ø	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 Signature Olive Ol	_
	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)	
	Carrie Novack	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	