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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:		:	
N0600000912			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submi	tted for filing.		
Please return all correspondence concerning this matter	to the following:		
JULIE BOYLAN			
(1)	Name of Contact Person	on)	-
	(Firm/ Company)	-	
1300 SILVER EAGLE DRIVE			
	(Address)		
TARPON SPRINGS FL 34688			
(0	City/ State and Zip Co	de)	
JBOYLAN8@AOL.COM			
E-mail address: (to be used for	or future annual repor	t notification)
For further information concerning this matter, please of	all:		
DEANNA CHRISTENSEN		27	288.6594
(Name of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pays	able to the Florida De	partment of	State:
■ \$35 Filing Fee □ \$43.75 Filing Fee & □ Certificate of Status	Certified Copy (Additional copy is enclosed)	Certifi Certifi	Piling Fee cate of Status ed Copy ional Copy is sed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

EAST LAKE SOFTBALL BOOSTERS INC				
Name of Corporation as currently filed with the	e Florida Dept. of State)			
N06000009112				
(Docun	tent Number of Corporation (if	known)		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not F	or Profit Corporation ad	lopts the follow	ving
A. If amending name, enter the new name of the	e corporation:			
			The I	new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	l "corporation" or "incorporate	d" or the abbreviation "		
	1300 SILVER EAC	LE DRIVE		
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		S FL 34688		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		SEGRE I	2021 JUN 21
D. If amending the registered agent and/or regis	stered office address in Florid	a, enter the name of the	SSEC	<i>y</i>
new registered agent and/or the new register	ed office address:			T K
Name of New Registered Agent:	JULIE BOYLAN		- 2,	<u> </u>
	1300 SILVER EAGLE DRIVE	€	ATE RID,	n n
New Registered Office Address:		Floridu street address)	Q)
·	TARPON SPRINGS	. Florida	34688	
	(City)	Zip C	ode)	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 Do V Mike Je SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	Р	KIM HERNANDEZ	1300 SILVER EAGLE DRIVE TARPON SPRINGS FL 34688
 X Remove 2) Change Add 	<u>T</u>	HANH GRAWCOCK	1300 SILVER EAGLE DRIVE TARPON SPRINGS FL 34688
X	<u>s</u>	DINA WRIGHT	1300 SILVER EAGLE DRIVE TARPON SPRINGS FL 34688
4) Change Add	Mbr	MITCH WRIGHT	1300 SILVER EAGLE DRIVE TARPON SPRINGS FL 34688
 X Remove 5) Change X Add 	<u>P</u>	DEANNA CHRITENSEN	1300 SILVER EAGLE DRIVE TARPON SPRINGS FL 34688
Remove 6) Change	<u>T</u>	JULIE BOYLAN	1300 SILVER EAGLE DRIVE TARPON SPRINGS FL 34688
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
Remove Devyn Roberts Remove Steffany Bostov			
Kemove stemany Bostov			

		
		
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		·
The date of each amendment(s) adoption date this document was signed.	May 17, 2021	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department	ses not meet the applicable statutory filing requirements, this date will nent of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	

Dated _	
Signature _	
ŀ	By the chairman or ciee chairms 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)
	/(Typed or printed name of person signing)
	(Typed or printed name of person signing)