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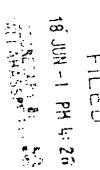
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 5772 ing HILL Sanior IN	intational Softball League, Inc
DOCUMENT NUMBER: NO7000005589	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following	y:
DAN CASTILLO	
Name of Contac	et Person)
SPringfull Benior Invito Howal Sett	Harl League, Inc
10420 Chagaine SK-	Hall League, Inc. 2277 Rome Ray R.L.
(Address	3)
String Hill FL 3460	9
(City/ State and Z	Zip Code)
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, please call:	
DAN CASTIllo	at 708 446 9940
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Flori	da Department of State:
\$35 Filing Fee	Certificate of Status
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

String HILL Senior IVULATIONAL	504/bA	11 League Inc	2	
	entry med with	i the Fiorida Dept. of	State)	
NOTOUOOD 5589				
(Document Nun	nber of Corpora	ation (if known)		
nursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	utes, this <i>Floria</i>	la Not For Profit Corp	poration adopts the following	<u> </u>
. If amending name, enter the new name of the corpora	<u>stion:</u>			
			The new	,
name must be distinguishable and contain the word "corpor" (Company" or "Co." may not be used in the name.	ration" or "inc	orporated" or the abb	reviation "Corp." or "Inc."	
3. Enter new principal office address, if applicable:		·		
Principal office address <u>MUST BE A STREET ADDRES</u>	(\mathbf{S})		vi c.	<u>.</u>
			***	1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			±6. 10	
(mauing address MAT BE A FOST OF FICE BOX)		1/2		3
		//rr	·•·	1-
		· -	2 / j	23
). If amending the registered agent and/or registered of	fice address in	Florida, enter the na	ame of the	
new registered agent and/or the new registered office	address:		-	
Name of New Registered Agent:	N/re-			
		(Florida street add	dress)	
New Registered Office Address:				
	NIT		, Florida	
	(City)		(Zip Code)	•
New Registered Agent's Signature, if changing Registere	.4 44			
hereby accept the appointment as registered agent. I am		nd accept the obligation	ons of the position.	
	/br	_		
	Signature of A	ew Registered Agent.	if changing	
	Signature (f) N	ew negmereu ngent, .	y changing	

Page 1 of 4

If amending the Officers and/or Directors, enter the title and nam	e 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 Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	Pres	michael Labriola	3565 Lema DR Spring Hill, FL 34609
2) X Change Add	Pres	ROHALD IN VALUE	6492 Laurel OAK DR String Hill, FL 34607
Remove 3) Change Add Remove	YP	Stephen D. Tellone	13462 Wenther Stone DR String Hill, FL 34609
4) Change Add Remove			
5) Change Add Remove			
6) Change Add			
Remove		Page 2 of 4	

If amending or adding additional Art	icles, enter change(s) here	:		
If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)			
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	date of each amendment(s) adoption: 05/17/2018 , if other than this document was signed.	he
Effe	ctive date if applicable: 05 17 2018 (no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the iment's effective date on the Department of State's records.	
Ado	ption 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.	
×	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 C= /24 /2018 Signature X Wald W. M. Melkere	
	(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) A J URE (Typed or printed name of person signing)	
	(Title of person signing)	

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