

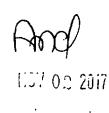
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Golden Gate Little League Softball, Inc.
DOCUMENT NUMBER: N0700008241
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mary Zimmerman
(Name of Contact Person)
Golden Gate Little League Softball, Inc. (Firm/ Company)
(This company)
341 Weber Blvd N
(Address)
Naples, FL 34120
(City/ State and Zip Code)
(City/ State and Zip Code) ggllspresident @gmail . com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mary Zimmerman at (239) 231-0157
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee

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

A	rticles of Amenda	nent		n	
	to		PILE	<i>y</i>	
Art	ticles of Incorpor of	ation 17 ∩	ICT 30 P	1 3: 25	
(20/400 (20. to	1141	مما	SOFFICE (mater - 11	T
(Name of Corporation as cu	rrently filed with	the Bubb	ALL DESPOY	AND CIT	+
	<u> </u>	<i>'</i> .			
(Document N	lumber of Corpora	tion (if kn	own)		
ursuant to the provisions of section 617.1006, Florida St mendment(s) to its Articles of Incorporation:	atutes, this <i>Florid</i>	a Not Foi	r Profit Corpo	oration adopts the fol	lowin
. If amending name, enter the new name of the corp	oration:				
				77.	
ame must be distinguishable and contain the word "corp	 poration" or "ince	orporated	" or the abbr		ie nev "Inc."
Company" or "Co," may not be used in the name.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			.,,
Enter new principal office address, if applicable:					
rincipal office address MUST BE A STREET ADDRI	ESS)				
		<u> </u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
(maing dairess MAT BE AT OST OFFICE BOX)		_			
If amending the registered agent and/or registered new registered agent and/or the new registered off		Florida,	enter the nai	me of the	
new registered agent and/or the new registered on	ice adoress:				
Name of New Registered Agent:					
		(Flo	orida street addr	ess)	
New Registered Office Address:					
				_, Florida	
	(City)			(Zip Code)	
w Registered Agent's Signature, if changing Registe	ered Agent:				
ereby accept the appointment as registered agent. I a		id accept i	the obligation	is of the position.	
-	Signature of Ma			S. F	

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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	VP	Lauren Samples	4210 33rd AUC NE Naples, FL 34120
2) Change Add Remove	Treasurer	Jeffrey Amann	337 Spider Lilly Ln Naples, FL 34119
3) Change Add Remove	<u>NP</u>	Travis Delashmet	3811 35th Ave NE Naples, FL 34120
4) Change Add Remove	Treasurer	Sarah Hamilton	3430 16th Ave SE Naples, FL 34117
5) Change Add Remove			
6) Change Add Remove			

(attach additional sheets, if necessary).	(Be specific)			
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	e date of each amendment(s) adoption: $\frac{10 9 20 7}{20 7}$, if other than the this document was signed.
EU	ective date if applicable:
	(no more than 90 days after amendment file date)
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nument's effective date on the Department of State's records.
Ad	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 10/9/2017
	Signature Mount Month of the 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)
	Many Zimmuman (Typed or printed name of person signing)
	President
	(Title of person signing)