NO8000000950

(Re	equestor's Name)	
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(Ac	idress)	
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(Ci	ty/State/Zip/Phone #)	
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☐ PICK-UP	WAIT ,	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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8	Office Use Only	



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(AM) 11-17-14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Boyntor	n Beach Athlet	ic Association	n Inc	
DOCUMENT NUMBER: NO80000	00950			
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this r	matter to the following:			
Ron Passino				
	(Name of Contact Persor	1)		
	(Firm/ Company)		<u> </u>	
300 W. Woolbright Ro	ad			
	(Address)			
Boynton Beach, FL 33	435		SEC	+
	(City/ State and Zip Code	e)		301
rpass2@gmail.	com			ا ت
E-mail address: (to be	used for future annual report	notification)		
For further information concerning this matter, pl	ease call:	•		÷
Michele Camps	561	248-5308	<u></u>	ď
(Name of Contact Person)		ode & Daytime Telephone N	lumber)	
Enclosed is a check for the following amount made	de payable to the Florida Depa	artment of State:		
\$35 Filing Fee \$43.75 Filing Fe Certificate of Sta	ce & \$\subseteq\$\$\\$43.75\$ Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BOYNTON BEACH ATHLETIC ASSOCIATION, INC.

(Name of Corporation as currently filed with the Flor	ida Dept. of State)		
N08000000950			_
· (Document Number of Cor	poration (if known)		_
Pursuant to the provisions of section 617.1006, Florida Statutes imendment(s) to its Articles of Incorporation:	this <i>Florida Not For Profit</i> (Corporation adopts the	following
. If amending name, enter the new name of the corporation	<u>n;</u>		
	,		The new
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	on" or "incorporated" or the	abbreviation "Corp."	or "Inc."
3. Enter new principa ! office address, if applicable:			_
Principal office address <u>MUST BE A STREET ADDRESS</u>)	•		
			_
	·		_
C. Enter new mailing address, if applicable:		=	SF =
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		**************************************	- ~
			_ =
		74 D	_ 2,
D. If amending the registered agent and/or registered office	address in Florida, anter th	a name of the	3
new registered agent and/or the new registered of fice ad	dress:	C Hame of the	÷:
Name of New Registered Agent:		SPI -	15
Tourie of their Magnifer out Tigeth.			
	Florida street address)		
New Registered Office Address:			
	, FI	orida	
(City)		(Zip Code	e)
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fan	Agent: illiar with and accept the oblig	gations of the position.	
	Registered Agent, if changing		

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)

_ Remove

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 Doef PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example: X Change John Doe X Remove Mike Jones X Add Sally Smith Address Type of Action <u>Title</u> Name (Check One) WAHLFRID, KARL 300 W. WOOLBRIGHT ROAD VΡ 1) ____ Change **BOYNTON BEACH, FL 33435** ____ Add Remove Camps, Michele 300 W. WOOLBRIGHT ROAD 2) ____ Change **BOYNTON BEACH, FL 33435** Add Remove Passino, Toni Rose 300 W. WOOLBRIGHT ROAD 3) ____ Change **BOYNTON BEACH, FL 33435** _ Remove Change _ Add Remove 5) ____ Change _ Add _ Remove 6) Change Add

14 NOV -5 PH 4: 16	

. If amending or adding additional Articular (attach additional sheets, if necessary).	(Be specific)
	-
	, t

The date	date of each amendment(s) ado this document was signed.	ption: 7/11/2014		_, if other than the
Effe	ctive date <u>if applicable</u> :	(no more than 90 days after amendment file date)		-
		(no more man 20 days after amenament file date)		
Ado	ption of Amendment(s)	(<u>CHECK ONE</u>)		
	The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the	amendment(s)	
	There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s.	s) was/were	
	Dated 10/08/2	914		
	Signature	Vinne Vinne		
	(By the chairm	an or vice chairman of the board, president or other office		_
		selected, by an incorporator – if in the hands of a receive pointed fiduciary by that fiduciary)	r, trustee, or	
		F,,,, ,	25	
	Ron Passin	0		7
	(*	Typed or printed name of person signing)		3 T
	President			
		(Title of person signing)		3 /1
				= 17
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