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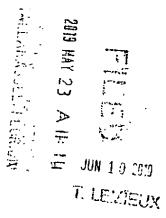
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Florido	1 Select S	3017K	all, inc
DOCUMENT NUMBER: NO80000	01580		
The enclosed Articles of Amendment and fee are sub-	nitted for filing.		
•	•		
Please return all correspondence concerning this matter	r to the tonowing:		
<u>Leah</u> Bennett	_		
	(Name of Contact Pers	on)	
president, F	lovida S	elec	+
11529 Oak r	Moss Tr	ail	
Jacksonvill	le, FL 3	3225	8
Lbonz 15@ E-muil address: (10 be used	for future annual repor	t notification)
For further information concerning this matter, please	call:		
Lean Bennett	at	850	5593908
(Name of Contact Person)) (4	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida De	partment of S	State:
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi) Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address		t Address	
Amendment Section	Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314		Executive Co	enter Circle

Tallahassee, Fl. 32301

Articles of Amendment Articles of Incorporation

Florida Select Softball.

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: 2019 HAY 23 A 11: 14 A. If amending name, enter the new name of the corporation: The new Land State I Leave a name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc. "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: il-Torida street addressi New Registered Office Address: , Florida (Zip Code) (Cav) 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.

Signature of New Registered Agent, if changing

Page 1 of 4

address of each Officer is (Attach additional sheets, Please note the officer/dir P = President: V = Vice P	and/or Director b if necessary) rector title by the f resident; T= Trea = Chief Financial (eing added: irst letter of the off surer; S= Secretar Officer. If an office	ice title; y; D= Director; TR= Trus	lirector being removed and title, name tee: C = Chairman or Clerk; CEO = Ch none title, list the first letter of each office	ief
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	ves the corporation	n, Sally Smith is no	John Doe is listed as the P , and S . These sh	ST and Mike Jones is listed as the V. The ould be noted as John Doe, PT as a Cha	ere is inge,
Example: X Change X Remove X Add	PT John Da V Mike Jo SV Sally St	mes			
Type of Action (Check One)	Title	Name		Address	
1) Change Add Remove	D_	paul	<u>Leppin</u>	552 Blue Cyp Groveland, FL 34736	
2) Change Add X Remove	_D_	Scott	Gonzalez	5633 Boxter Jocksonville, Fi	L
3) Change					
Add					
4) Change					
Add					
5) Change					
Add					

Page 2 of 4

____ Remove

6) ____ Change ____ Add ____ Remove

If amending or adding additional A attach additional sheets, if necessary)	і, (пе хресілс)			
				
				
		<u> </u>		
			-	
				 _
	_,			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 5 20 2019	
Effective date if applicable: 5 20 2019 (no more than 90 days after amendment file date.	1
Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for was/were sufficient for approval.	the amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment adopted by the board of directors.	ent(s) was/were
Dated 5 20 2019	
Signature Leal-Bennett	
(By the chairman or vice chairman of the board, president or other of have not been selected, by an incorporator – if in the hands of a rece	
other court appointed fiduciary by that fiduciary)	
Leah Bennett (Typed or printed name of person signing	
(Typed or printed name of person signing	<u>,</u>
President	
(Title of person signing)	