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# **COVER LETTER**

TO: Amendment Section Division of Corporati

Division of Corporations	
NAME OF CORPORATION: JSG AMATE	EUR SPORTS CORPORATION
DOCUMENT NUMBER: NO8-00002	515
The enclosed Articles of Amendment and fee are submit	ted for filing.
Please return all correspondence concerning this matter to	o the following:
BOB MAHONEY	
(N	ame of Contact Person)
ROBERT F MAHONEY P	A
	(Firm/ Company)
7777 GLADES ROAD, ST	E 209
	(Address)
BOCA RATON, FL 33434	1
(C	ity/ State and Zip Code)
joegreco@bellsout  E-mail address: (to be used fo	h.net r future annual report notification)
For further information concerning this matter, please cal	l:
BOB MAHONEY	at ( <u>561</u> ) <u>451-9990</u> (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable	ole to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status Certified (cnclosed)	<u>-</u>
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

# TASECATIONICA

# JSG AMATEUR SPORTS CORPORATION

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

N08-000002515

(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:

<i>\ldot\)</i>	<del>&amp;</del>	
name must be distinguishable and con-	tain the word "corporation" or '	The 'incorporated' or the abbreviation "Corp." or '
"Company" or "Co." may not be used	<u>l in the name</u> .	,
B. Enter new principal office addres (Principal office address <u>MUST BE A</u>		N/A
C. Enter new mailing address, if ap (Mailing address <u>MAY BE A POS</u>		N/A
D. If amending the registered agent new registered agent and/or the r Name of New Registered Agen	new registered office address:	s in Florida, enter the name of the
new registered agent and/or the r	new registered office address:  nt:	exet address)
Name of New Registered Ager	new registered office address:  nt:	/A-

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)

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	<u>PT</u>	John E	<u>Ooe</u>	
X Remove	<u>V</u>	Mike J	lones	
X Add	<u>sv</u>	Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1)Change Add Remove	D	_	JOHN CRANE	6526 S. KANNER HWY, #272 STUART, FL 34997
2) Change Add Remove	D	_	JEREMIAH MARSCHKA	6526 S. KANNER HWY, #272 STUART, FL 34997
3 ) Change Add Remove	<u>D</u>	_	GORHAM RUTTER	6526 S. KANNER HWY, #272 STUART, FL 34997
4) Change Add Remove		_		
.5) Change Add Remove				
6) Change Add Remove		<u>.                                    </u>		

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

DEPARTMENT OF THE TREASUR

Date: 188 6 1 2009

JSG AMATEUR SPORTS CORPORATION C/O ROBERT F MAHONEY PA 7777 GLADES RD STE 209 BOCA RATON, FL 33434 Employer Identification Number: 26-2416884 DLN: 17053260302048 Contact Person: PERCY E DOWD ID# 95100 Contact Telephone Number: (877) 829~5500 Accounting Period Ending: September 30 Public Charity Status: 509(a)(2) Form 990 Required: Effective Date of Exemption: March 13, 2008 Contribution Deductibility: Addendum Applies:

### Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

E. If amending or adding additional Artic	cles, enter change(s) here:	
(attach additional sheets, if necessary).	(Be specific)	
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-	date of each amendment(s) adoption: 12-16-12
Effe	ective date if applicable:
	(no more than 90 days after amendment file date)
Ado	option 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 12/16/2011
	Signature Jasoph Pres
	(By the chairmen or vice/clairman 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)
	JOSEPH S GRECO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)