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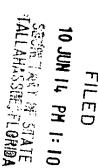
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CUVER LEITER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: <u>Lepkyr</u>	hills Bulldug	is, Inc.
DOCUMENT NUMBER: NOROW DUD DOCUMENT NUMBER: NOROW DUD DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are submit	tted for filing.	
Please return all correspondence concerning this matter	to the following:	
Cyndi L. Gy (Name of Co	ngard ontaet Person)	
Zephyrhills (Firm/C	Bulldy 5	Inc.
PO BUX 573) Iress)	
Zephyrhills, (City/State a	4 33539 and Zip Code)	
Cyndi. gyngard E-mail-address: (1) be used to	e amall (sor future annual report notification	$\frac{\gamma}{n)}$
For further information concerning this matter, please call:		
(Name of Contact Person)	at (<u>813</u>) 205- (Area Code & Daytime	390 J Telephone Number)
Enclosed is a check for the following amount made paya	able to the Florida Department of	State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□\$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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci	rcle

Tallahassee, FL 32301

CICE

Articles of Amendment

to

Articles of Incorporation

of

Zephyrhills Pasco Pa	olice Athletic Leagu
(Name of Corporation as currently filed with t	the Florida Dept. of State)
<u> </u>	2
(Document Number of Corporati	on (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, the following amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporation	<u>n:</u>
The new name must be distinguishable and contain the world abbreviation "Corp." or "Inc." "Company" or "Co." may not	"corporation" or "incorporated" or the
	5442 Lisa arde
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2 ephyrhills A
	33.742
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TO JUN ALLAHA
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent: Cyndi	L byngard
5442	Usa arde:
New Registered Office Address: (Flori	da street address)
Lephe	1 rhills, Florida 33 m2 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered A. I hereby accept the appointment as registered agent. I am josition.	gent: familiar with and accept the obligations of the
Cindi	Registered Agent, if changing
Digitalitie of New	TOPINIO ON TIEOUS, I CHARGINE

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)

Title Address **Type of Action Name** ☐ Add Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption:
Effective date if applicable: 5 (date of adoption is required)
(no more than 90 days after amendment file date)
Adoption 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.
Signature Carrelia R 61 100 access
(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)
(Typed or printed name of person signing)
Cerroli A Composition (Title of person signing)