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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Martin	County	Sosth	Yosth Athi
DOCUMENT NUMBER: No 9000	001157	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following	; :	
Jerry Patters (Name of	Contact Person)	10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	····
Matia County Sos			
5754 SE Men	ddress)	Tue	
Stuart, Fl (City/ State	7 4 9 9 7 e and Zip Code)	<u>.</u>	
MCSYAL Q YA			
For further information concerning this matter, please	call:		
Terry Patterson (Name of Contact Person)	at (772 (Area (Code & Daytin	19-5540 ne Telephone Number)
Enclosed is a check for the following amount made page 1			
□\$35 Filing Fee \$\ \frac{\frac{1}{2}}{2}\$\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filir Certified Copy (Additional co enclosed)	,	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Address	,
Amendment Section Division of Corporations		ment Section n of Corporation	15
P.O. Box 6327		Building	•••
Tallahassee, FL 32314		xecutive Center	Circle

Tallahassee, FL 32301

Articles of Amendmen to Articles of Incorporation	DIVISION OF STATE		
Martin Country South Youth P	Athletic Leggue Inc.		
(Document Number of Corporation (i	if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes, this the following amendment(s) to its Articles of Incorporation:	Florida Not For Profit Corporation adopts		
A. If amending name, enter the new name of the corporation:			
The new name must be distinguishable and contain the word "cor abbreviation "Corp." or "Inc." "Company" or "Co." may not be u			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	754 SE Mercedes Ave		
S	tualt, F1 34997		
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: Terra Porca +			
	SE Lemay Dr.		
Stort (C)	ity), Florida R 34997 (Zip Code)		
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.	1.6		

Signature of New Registered Agent, if changing

It 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)

<u>Title</u>	Name	Address	Type of Action
Tres	Robert Smithwick	8313 SE Woodmere Hobe Sound, Fl.	S⊬ □ Add ☑ Remove
Tres.	Terri Parent	Stood SE Lamay D Stoort, FL 34997	Add ☐ Remove
			☐ Add ☐ Remove
	ling or adding additional Articles, enter dditional sheets, if necessary). (Be specif		
	<u> </u>		
		about the state of	<u> </u>

.,			

The date of each amendment(s) a	doption: ///7 / 0 9
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adwas/were sufficient for approval	lopted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of director	bers entitled to vote on the amendment(s). The amendment(s) was/were rs.
DatedSignature	Terry Palle
(By the have no	chairman or vice chairman of the board, president or other officer-if directors t been selected, by an incorporator — if in the hands of a receiver, trustee, or our appointed fiduciary by that fiduciary)
_	Terry Policison (Typed or printed name of person signing)
	President (Title of person signing)

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