N09000008630

(Re	questor's Name)		
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Amend

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JAN 26 2010

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORI	PORATION: Charger	s Baseball Boo	ster, Club
DOCUMENT NU	No	00000 8630	
The enclosed Artic	les of Amendment and fee are su	ebmitted for filing.	
Please return all co	orrespondence concerning this ma	atter to the following:	
		of Contact Person) of Vall Booster Cham/Company)	uh Torci
	(Fin	m/ Company)	
_	131 NW	146 Street (Address)	***************************************
	Miami, (City/st	FL 33168 ate and Zip Code)	
**********		ed for future annual report notification	on)
For further informa	ation concerning this matter, plea	se call:	
Glorym	AN ORFE 60 me of Contact Person)	at (786) 260 - (Area Code & Daytime	Telephone Number)
Enclosed is a chec	k for the following amount made	payable to the Florida Department o	f 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)
Ai Di	ailing Address nendment Section vision of Corporations O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	,

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles	of Incorporation				
Chargers Baseb	all Booster	Club Inc			
(Name of Corporation as currently filed with the Florida Dept. of State)					
N09000	0008630				
	of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·			
Pursuant to the provisions of section 617.1006, Flor the following amendment(s) to its Articles of Incorp		Not For Profit Corporation adopts			
A. If amending name, enter the new name of the	corporation:				
•					
The new name must be distinguishable and contain					
abbreviation "Corp." or "Inc." "Company" or "C	o. muy not be usea in in	<u>e nume</u> .			
B. Enter new principal office address, if applical					
(Principal office address <u>MUST BE A STREET A</u>	ODKESS)				
		PS 5 77			
		一一			
C. Enter new mailing address, if applicable:	B-032	PSS P2			
(Mailing address <u>MAY BE A POST OFFICE</u>)	<u>80x</u>)	सिंद है।			
		To ?			
		REAL STATE			
D. If amending the registered agent and/or registered agent and/or the new registered	• •	orida, enter the name of the			
N. C.V. D I.A	· · · · ·				
Name of New Registered Agent:		,			
New Registered Office Address:	(Florida street addr	ess)			
	(01)	, Florida			
	(City)	(Zip Code)			
New Registered Agent's Signature, if changing R	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

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** <u>Name</u> Address Type of Action ☐ Add ☐ Remove ☐ Add □ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) ssolution of the organization, assets OR Corresponding OR ORganizations

The date of each amendment(s) adoption:
Effective date if applicable: (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.
Dated
Signature Illyman Onego
(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)
GIORIMAR ORREGO (Typed or printed name of person signing)
TREASURER (Title of person signing)