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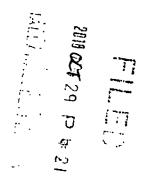
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	Key West Girls Soft	ball Recreational Lo	eague Inc	
DOCUMENT NUMBER:	N10000009730			
The enclosed Articles of Am		nitted for filing.		
Please return all corresponde	nce concerning this matter	r to the following:		
Colleen L Scali				
···		(Name of Contact Po	erson)	
KWGSRL				
<del>-</del>		(Firm/ Company	y)	
3112 Northside Drive Girls S	Softball Field			
		(Address)		
Key West, FL 33040				
	(	City/ State and Zip	Code)	
KWGSRL@gmail.com				
E-	mail address: (to be used	for future annual rep	ort notification	n)
For further information conce	erning this matter, please o	rall:		
Colleen L Scali		at	305	304-7481
(	Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida I	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & [ Certificate of Status		Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		<u>St</u>	reet Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Key West Girls Softball Recreational League Inc					
(Name of Corporation	as currently filed with the Flor	ida Dept. of State)			
N10000009730					
(Docu	ment Number of Corporation (if k	nown)			
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not Fo	r Profit Corporation adopts the following			
A. If amending name, enter the new name of the	e corporation:	The new			
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	<u>e</u> .	<del></del>			
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		· · · · · · · · · · · · · · · · · · ·			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )				
<ul> <li>If amending the registered agent and/or reginew registered agent and/or the new register</li> </ul>		enter the name of the			
Name of New Registered Agent:	ShermanHamlin				
	3112 Northside Drive Girls Softball Field				
New Registered Office Address:	(Florida street address)				
	Key West	, Florida			
	(City)	(Zip Code)			
New Registered Agent's Signature, if changing land the la		the obligations of the position.			
-	Simulation of the state of the	fered Agent, if changing			
	Sugnature of New Regist	ierea Ageni, ij 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)

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 X Remove A Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Sherman Hamlin	3319 Donald Ave
$\frac{X}{Add}$			Key West, Fl 33040
Remove			
2) Change	T	Colleen Scati	20909 5th Ave West
X Add			Cudjoe Key, Fl 33042
Remove			
3) Change	PL	Todd Means	886 Loggerhead Ln
X Add			Summerland Key, Fl 33040
Remove			
4) Change	P	John Griffin	2112 Patterson Ave
Add			Key West, Fl 33040
X Remove			
5) Change	Т	Jill-Cranney-Gage	P.O. Box 5108
Add			Kcy West, Fl 33040
X Remove			
6) Change	PL	Michelle Bracher	187 Maracaibo Lane
Add			Cudjoe Key, Fl 33042
X Remove			

E. It amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)									
Change: VP Shawn Smith 35 Calle Uno, Key West, Fl 33040									
Change: E	M Rob Delph 3 W	est Cypress Te	rrace, Key V	West, Fl 330-	40		- , , ,		_
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								<del></del>	

		October 23, 2018	
ľhe	date of each amen	dment(s) adoption:	, if other than the
late	this document was s	signed.	
		October 23, 2018	
Effe	ctive date <u>if applic</u>		
		(no more than 90 days after amendment file date)	
		d in this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	t be listed as the
Ado	ption of Amendme	nt(s) ( <u>CHECK ONE</u> )	
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
	There are no membadopted by the boa	ers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors.	
	Dated	October 25, 2018	
	Signature	STA _	
	(	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)	
		Shawn Smith Shaw, Sin, 7L	
		(Typed or printed name of person signing)	
		Vice President KWGSRL	
		(Title of person signing)	