## 9-66010000111

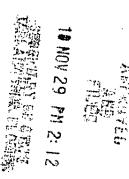
(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Ref L	screen Bon	atr-Clih
NAME OF CORPORATION: F) F FF	MC10556 1000	ster ciao,
DOCUMENT NUMBER: NICOLO O O O	10229	
The enclosed Articles of Amendment and fee are submit	tted for filing.	
Please return all correspondence concerning this matter	to the following:	
Elizabeth P (Name of Co	acham Intact Person)	
Reef Lacrosse (Firm/C	Booster Club, company)	Inc.
15051 SW 10	o7 Street Iress)	
Miany Florid (City/ State a	da 33187 nd Zip Code)	<del></del>
SPARHAM@ E-mail address: (to be used for	TS-JNJ.CO	on)
For further information concerning this matter, please ca	dl:	
Elizabeth Parham (Name of Contact Person)	at ( 786 ) <u>351 -</u> (Area Code & Daytime	5955 Telephone Number)
Enclosed is a check for the following amount made paya	able to the Florida Department of	f State:
\$35 Filing Fee \$\bigcup \$43.75 Filing Fee & Certificate of Status	Street Address	☐ \$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 C Tallahassee, FL 32301	ircle

## Articles of Amendment to Articles of Incorporation of



Reef Lacrosse Booster Clyb Inc.

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

N10000010339

(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:

The new name must be distinguishable and combined the second of the seco		
B. Enter new principal office address, if app		
Principal office address <u>MUST BE A STREE</u>	<u>T ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
). If amending the registered agent and/or r		, enter the name of th
new registered agent and/or the new regis		, enter the name of th
		, enter the name of th
new registered agent and/or the new regis		, enter the name of th
new registered agent and/or the new regis  Name of New Registered Agent:	stered office address:	enter the name of the
new registered agent and/or the new regis  Name of New Registered Agent:	stered office address:	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
(attach addii	g or adding additional Articles, enter chitonal sheets, if necessary). (Be specific	)	dent
of th	e Reef Lacross	e Booster C	Lub, Inc
Susing required to the	secretary entered Porham ins Elizabeth Paresting the adresting the adrest my legal rinformation as is currect	tead of my rham. I a nendment t name. Al including	legal m

The date of each amendment(s) adoption:
(date of adoption is required)
Effective date if applicable:  (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.
Dated11/23/2010
Signature Sugalett Parkan
(By the chairmen 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, of other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
President
(Title of person signing)