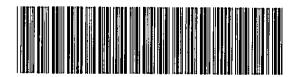
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(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	OOSTERS, INC.	· · · · · · · · · · · · · · · · · · ·	
N10000011477 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
GARY KUDLACK			
	Name of Contact Pe	erson)	197 PR.L. MAN
DHS BASEBALL BOOSTERS, INC.			
	(Firm/ Company	y)	······································
21575 SW 102ND STREET ROAD			
	(Address)		1,231-24
DUNNELLON, FL 34431			
(0	City/ State and Zip	Code)	
TKUDLACK@AOL.COM			
E-mail address: (to be used f	or future annual rep	ort notification	n)
For further information concerning this matter, please of	all:		
GARY KUDLACK	at	352	464-7007
(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following amount made pay-	able to the Florida I	Department of	State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status		Certifi S Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Am Div	reet Address nendment Sectivision of Corpo e Centre of Ta	rations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

DHS BASEBALL BOOSTERS, INC.

(Name of Corporation as currently filed with th	e Florida	Dept. of State)		
N10000011477				
(Docur	ment Numl	ber of Corporation (if	known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statu	tes, this <i>Florida Not F</i>	For Profit Corporation adopts the	e following
A. If amending name, enter the new name of th	e corpora	tion:		
N/A				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	d "corpora ie.	ation" or "incorporate	ed" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applica	able:	N/A		
(Principal office address <u>MUST BE A STREET A</u>		N/A		-2
		N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	N/A		2821 JUH 29 AH 11: 34
		N/A	ر د برور	至
		N/A	-	1.3
D. If amending the registered agent and/or reginew registered agent and/or the new register	stered offi red office a	ice address in Florida address:	, enter the name of the	•
Name of New Registered Agent:	N/A			
Nume of New Registered Agent.	N/A			
New Registered Office Address:		(F	Clorida street address)	
	N/A		DI 11	
		(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing I	Dagiatanad		, ,	
hereby accept the appointment as registered agen	nt. I am fa	miliar with and accept	t the obligations of the position.	
_	Si	ignature of New Regist	tered 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)

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: XChange Remove Add	PT John De V Mike Je SV Sally Sr	oneş	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	VP	TAMMY NICHOLSON	P.O. BOX 163 MORRISTON, FL 32668
x Remove			
2) Change Add	<u>VP</u>	MICHELE ROBERTS	P.O. BOX 1107 DUNNELLON, FL 34430
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add	-		
Remove			
δ) Change Add			
Remove			
E. If amending or adding (attach additional sheet	e additional Artic s, if necessary).	cles, enter change(s) here: (Be specific)	
N/A			
			

Effective date <u>if applic</u>	able: 6/21/2021 (no more than 90 days after amendment file	date)
The date of each amen date this document was	signed.	, if other than the
		
, .,		
		
		· · · · · · · · · · · · · · · · · · ·

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.

Dated	6/27/2021
Signatu	In Valle
o.gnutu.	(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)
	GARY KUDLACK
	(Typed or printed name of person signing)