

N 10941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

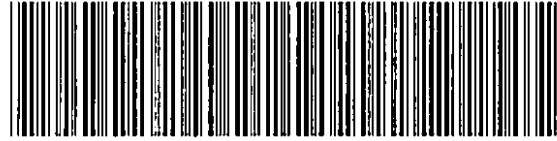
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19 NOV -6 PM 1:37

2019 NOV -6 AM 10:08

FILED

U.S. COURT

NOV 6 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 036932 8289757

AUTHORIZATION :



COST LIMIT : \$ 35.00

ORDER DATE : November 6, 2019

ORDER TIME : 11:15 AM

ORDER NO. : 036932-005

CUSTOMER NO: 8289757

DOMESTIC AMENDMENT FILING

NAME: SOUTH BEACHES BASKETBALL
ASSOCIATION, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT#62968

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SOUTH BEACHES BASKETBALL ASSOCIATION, INC

DOCUMENT NUMBER: N 10941

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARCUS WEAVER

(Name of Contact Person)

PRESIDENT SOUTH BEACHES BASKETBALL ASSOCIATION, INC

(Firm/ Company)

C/O SBBB, INC 3069 RIO PLUMOSA NORTH

(Address)

INDIANTHIC FL 32903

(City/ State and Zip Code)

COMBS1105@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCUS WEAVER

(Name of Contact Person)

321-622-3312

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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 Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2019

RESUBMIT

Please give original
submission date as file date.

CORPORATION SERVICE COMPANY

SUBJECT: SOUTH BEACHES BASKETBALL ASSOCIATION, INC.
Ref. Number: N10941

We have received your document for SOUTH BEACHES BASKETBALL ASSOCIATION, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

Please list the street address of each officer/director.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 519A00023026

Articles of Amendment
to
Articles of Incorporation
of

2013 NOV -6 AM 10:08

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

SOUTH BEACHES BASKETBALL ASSOCIATION, INC. - N10941
(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

3069 RIO PLUMOSA NORTH
INDIAN LANTIC, FL 32903

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:

MARCUS WEAVER
C/O SBBA, INC. 3069 RIO PLUMOSA NORTH
(Florida street address)

New Registered Office Address:

INDIAN LANTIC, Florida 32903
(City) (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.

[Signature]
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)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- 1) ☐ Change P Terry Schrumpt 4664 TEATRA CT
☐ Add Viera FL
☒ Remove 32940
- 2) ☐ Change P Marcus Weaver c/o SBBA
☒ Add 3069 RIO PLUMOSA NORTH
☐ Remove INDIAN ATLANTIC, FL 32903
- 3) ☐ Change V Beth Combs c/o SBBA
☒ Add 3069 RIO PLUMOSA NORTH
☐ Remove INDIAN ATLANTIC, FL 32903
- 4) ☐ Change _____
☐ Add _____
☐ Remove _____
- 5) ☐ Change _____
☐ Add _____
☐ Remove _____
- 6) ☐ Change _____
☐ Add _____
☐ Remove _____

(attach additional sheets, if necessary). (Be specific)

Page 3 of 4

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 10/30/19

Signature [Signature]

(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)

MARCUS W. [Signature]

(Typed or printed name of person signing)

President

(Title of person signing)