

N11000001630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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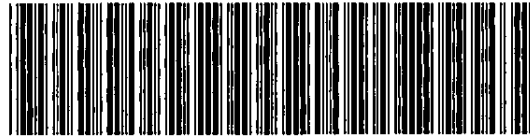
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
HALLMARK BUILDING
ALBANY, NY 12242

T. LESMEUX

OCT 09 2015

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Miracle League For Highlands County

DOCUMENT NUMBER: N11000001630

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

Please return all correspondence concerning this matter to the following:

Saundra Bass

(Name of Contact Person)

The Miracle League For Highlands County

(Firm/ Company)

PO Box 671

(Address)

Lake Placid, Florida 33852

(City/ State and Zip Code)

director@ml4hc.com

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

For further information concerning this matter, please call:

Saundra Bass

863

441-0109

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

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

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

September 22, 2015

SAUNDRA BASS
P.O. BOX 671
LAKE PLACID, FL 33852

SUBJECT: THE MIRACLE LEAGUE FOR HIGHLANDS COUNTY, INC.
Ref. Number: N11000001630

We have received your document for THE MIRACLE LEAGUE FOR HIGHLANDS COUNTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have a officer or director sign the amendment.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 515A00019957

RECEIVED
15 OCT -7 AM 11:14

Articles of Amendment
to
Articles of Incorporation
of

The Miracle League For Highlands County

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

N11000001630

(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)

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:

(Florida street address)

New Registered Office Address:

(City)

Florida

(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 of New Registered Agent, if changing

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15 OCT -7 AM 7:19
TALLAHASSEE, FLORIDA

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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>D</u>	<u>John Varady</u>	<u>22 Notre Dame Street</u>
<input type="checkbox"/> Add			<u>Lake Placid, FL 33852</u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u>D</u>	<u>Dennis Orlos</u>	<u>116 Huntley Court</u>
<input type="checkbox"/> Add			<u>Lake Placid, FL 33852</u>
<input checked="" type="checkbox"/> Remove			<u></u>
3) <input type="checkbox"/> Change	<u>D</u>	<u>Jose Flores</u>	<u>428 Vanguard Avenue NW</u>
<input type="checkbox"/> Add			<u>Lake Placid, FL 33852</u>
<input checked="" type="checkbox"/> Remove			<u></u>
4) <input checked="" type="checkbox"/> Change	<u>PD</u>	<u>Saundra Bass</u>	<u>807 Lake Betty Drive</u>
<input type="checkbox"/> Add			<u>Lake Placid FL 33852</u>
<input type="checkbox"/> Remove			<u></u>
5) <input checked="" type="checkbox"/> Change	<u>TD</u>	<u>Adela Casey</u>	<u>537 Claremont Ave.</u>
<input type="checkbox"/> Add			<u>Lake Placid, FL 33852</u>
<input type="checkbox"/> Remove			<u></u>
6) <input checked="" type="checkbox"/> Change	<u>VPD</u>	<u>Todd Moore</u>	<u>211 Rhapsody Avenue</u>
<input type="checkbox"/> Add			<u>Lake Placid, FL 33852</u>
<input type="checkbox"/> Remove			<u></u>

[illegible]

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 September 15, 2015 _____

Signature Saundra Bass
(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)

Saundra Bass

(Typed or printed name of person signing)

President Director

(Title of person signing)