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JUN 19 2013 R. WHITE SEQUETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NORTH PORT HUSKY'S ATHLETIC ASSC.	Į
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Bruck M Cody (Name of Contact Person)	
NORTH PORT HUSKYS ATHLETIC ASSC IN (Firm/Company)	ıc
441 MONGITE RD. (Address)	
NORTH PORT FC 31287 (City/State and ZipCode)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
TRENT TELIFER at (941) 979-1925 (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 Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Maritim Addings	

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

Articles of Amendment

FILED

Articles of Incorporation 13 JUN 17 PM 12: 47

NN000003012 (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: NIA 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) NIA C. Enter new mailing address, if applicable: NIA (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: NIA 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

Page 1 of 4

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	PT John Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
Change Add Remove	<u>VP</u>	LENNY HILL	NORTH PORT FG34286
2) Change Add Remove	TREASURER	MELLISA CAMERON	3336 AUANTI CIRCLE NORTH PORT FL 34287
3) Change Add Remove	<u>VP</u>	GEAN HILL	WORTH PORT, FL 34291
4) Change Add Remove	TREASURER	KATHY DONALDSON	7957 Tropicare Blud NORTH PORT RL 34291
5) Change Add Remove			
6) Change Add Remove			

The date of each amendment(s) adoption:	
Effective date if applicable: 6/8/13	,
(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.	
Dated $\frac{\sqrt{8}/3}{}$	
Signature Brun M Code	
(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 tiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Title of person signing)	

attach additional she	ets, if neces	sary). (Be	cles, enter change(s) here: (Be specific)						
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