

N120000004351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

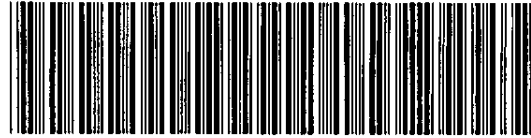
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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000264885360

Amend

10/06/14--01057--013 **52.50

FILED
2014 DEC 19 PM 1:53
CLERK OF STATE
TALLAHASSEE, FLORIDA

DR
12/19/14

~~COVER LETTER~~

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **ORLANDO MONARCHS INC.**

DOCUMENT NUMBER: **N12000004351**

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

Please return all correspondence concerning this matter to the following:

RICKIE WEEKS

(Name of Contact Person)

(Firm/ Company)

511 W SOUTH STREET, SUITE 145

(Address)

ORLANDO, FL 32806

(City/ State and Zip Code)

marango@orlandomonarchsbaseball.com

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

For further information concerning this matter, please call:

RICKIE WEEKS

(Name of Contact Person)

at **407 462-1069**

(Area Code & Daytime Telephone Number)

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

- | | | | |
|--|--|---|---|
| <input 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 checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|---|---|

CH # 1003

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

October 16, 2014

RICKIE WEEKS
511 W SOUTH STREET STE 145
ORLANDO, FL 32806

SUBJECT: ORLANDO MONARCHS INC.
Ref. Number: N12000004351

We have received your document for ORLANDO MONARCHS INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted is incomplete. We only recieved the cover letter. Please submit the missing pages of the document for filing.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 314A00022217



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2014

Rickie Weeks
511 W. South Street
Suite 145
Orlando, FL 32806

SUBJECT: ORLANDO MONARCHS INC.
Ref. Number: N12000004351

We have received your document for ORLANDO MONARCHS INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The date of adoption of each amendment must be included in the document.

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

Annette Ramsey
Regulatory Specialist II

Letter Number: 014A00021257

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **ORLANDO MONARCHS INC.**

DOCUMENT NUMBER: **N12000004351**

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

Please return all correspondence concerning this matter to the following:

RICKIE WEEKS

(Name of Contact Person)

(Firm/ Company)

511 W SOUTH STREET, SUITE 145

(Address)

ORLANDO, FL 32806

(City/ State and Zip Code)

marango@orlandomonarchsbasedball.com

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

For further information concerning this matter, please call:

RICKIE WEEKS

(Name of Contact Person)

at **407 462-1069**

(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

RECEIVED

14 OCT -3 PM 3:59

Articles of Amendment
to
Articles of Incorporation
of

ORLANDO MONARCHS INC.

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

N12000004351

(Document Number of Corporation (if known))

FILED
2014 DEC 19 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

N/A

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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

Florida

N/A

(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

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 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 <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>KYLIN MCLEMORE</u>	<u>PO BOX 60915</u> <u>ORLANDO, FL 32860</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>EDWIN RIVERA</u>	<u>9741 Orange Blossom Tr</u> <u>Orlando FL 32837- suite 2</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>RICHARD BUTTS</u>	<u>PO BOX 151 016</u> <u>ALTAMONTE SPRINGS, FL 32715</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Article III

This corporation is organized exclusively for charitable purposes.

Using only available resources and methods that are within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

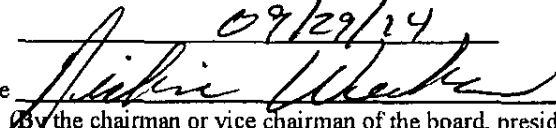
To provide top level college baseball players a competitive wood bat summer experience in a fan friendly community.

The date of each amendment(s) adoption: 9-29-14 if other than the date this document was signed.

Effective date if applicable: N/A
(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 09/29/14
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)

RICKIE WEEKS

(Typed or printed name of person signing)

PRESIDENT, REGISTERED AGENT

(Title of person signing)