(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)	<del></del>		
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			





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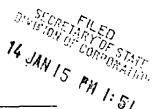
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## **COVER LETTER**

Division of Corporations

NAME OF CORPORATION: 1G2R Infe	erno Softba	il
DUCUMENT NUMBER: N13000009	676	,
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Crystal Sorensen		
	(Name of Contact Perso	n)
1G2R Inferno Softball		
	Special Control of the Control of th	<del></del>
538 Orange Dr. #17		
	(Address)	
Altamonte Springs, 7:02	704	
	(City/ State and Zip Cod	le)
infernosoftball1g2		
For further information concerning this matter, please	•	,
Crystal Sorensen	407	_,4042538
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida Dep	artment of State:
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is	Certificate of Status Certified Copy Enclosed)
Mailing Address Amendment Section Division of Corporations PO Brandon Tallahassee, FL 32314	Ameno Divisio Chiller 2661 E	Address Ilment Section on of Corporations - Smilling Executive Center Circle assee, FL 32301

## **Articles of Amendment** οř



## **IG2R INFERNO SOFTBALL**

(Name of Corporation as currently filed with the Florida Dept. of State) N13000009676 (Document Number of Corporation (it 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: 1G2R Inferno Softball, Inc. 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: Comp. 20. 20. 20. 20.000 20.200 gardensteller grand gr C. Enter new mailing address, if applicable: 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 Agent's Signature, if changing Registered Agent:

Page 1 of 4

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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe  Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change 🥱			
Add			- An increase and increase of the annual consequence of the
Remove			
3 ) Change		<u>.                                    </u>	
Add			
Remove 🦪			
4) Change			
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Add Remove			***************************************
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on			
Add			<del></del>
Remove			
6) Change			
Add 🥱			
Remove			

amending or adding a tach additional sheets,	ij necessary).	(Be specific)				
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Page 3 of 4

The date of each amendment(s) adoption: 1-10-2014		
date	e this document was signed.	
Eff	ective date <u>if applicable</u> :	<del></del>
•	(no more than 90 days after amendment file date)	
Ad	option of Amendment(s) (CHECK ONE)	
u	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 1-10/2014	
	Signature Cutal Louise	
	(By the chairman or vice chairman of the board, president or other officer-if directors	<del></del>
	have not been selected, by an incorporator - if in the hands of a receiver, trustee, or	
	unice court appointed reductary by mat tradiciary;	
	Crystal Sorensen	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	