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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	ic Association		
N13844			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Ashli Davis			
	(Name of Contact Pe	rson)	
West Putnam Athletic Association			
	(Firm/ Company	)	
PO BOX 822			·
	(Address)		
Interlachen, FL 32148		:	
	(City/ State and Zip C	Code)	
ashlidavis14@gmail.com			
E-mail address: (to be used	for future annual repo	ort notification	
For further information concerning this matter, please	call:		
Ashli Davis	at	386	9723455
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida D	epartment of S	tate;
\$35 Filing Fee \$\sum \$	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certific Certific	Filing Fee cate of Status and Copy conal Copy is seed)
Mailing Address  Amendment Section		et Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

Artic	les of Amendment	THE STATE
Articl	es of Incorporation	d M Arem
	of	17 MAR - 6 AM II: 55
(in the fori)	of CHAIN	Lice 1-kerr in Line
(Name of Corporation as curre	ntly filed with the Flo	rida Dept. of State)
\		
(Document Num	ber of Corporation (if k	(nown)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	·
		TI
name must be distinguishable and contain the word "corpore" (Company" or "Co." may not be used in the name.	ation" or "incorporate	The new d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	127 SE 3rd ST	
(Principal office address MUST BE A STREET ADDRESS	Interlachen, FL 3214	8
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 822	
	Interlachen, FL 3214	8
D. If amending the registered agent and/or registered off	ica addrass in Florida	anter the name of the
new registered agent and/or the new registered office		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(F)	lorida street address)
		, Florida
	(City)	(Zip Code)
New Desistance Amount of Classics and Color of the Color	, ,,	,
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		the obligations of the position.
	Signature of New Regis	tered 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>V</u> Mike	V Mike Jones				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change	<u>v</u>	Jason Milot	109 Hollister Church Rd			
Add			Hollister, FL 32147			
X · Remove						
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change			_			
Add						
Remove						
6) Change						
Add						
<del></del>						
Remove						

. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	ge(s) neie.				
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The	e date of each amendment(s) adoption:, if other than t
date	e this document was signed.
Eff	ective date if applicable:
	(no more than 90 days after amendment file date)
Not doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.
Ada	option of Amendment(s) ( <u>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 03/02/2017
	Signature Mali Dally
	(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)
	Ashli Davis
	(Typed or printed name of person signing)
	Treasurer
	(Title of person signing)