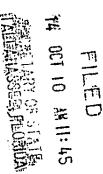


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OCT 20 2014

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	DRU	<u>aj00</u>	POLICE	ATALET	IL LEAWE	INC.
DOCUMENT NUMBER:	Ŋ	14 00	171 ode	1		
The enclosed Articles of Amendment	and fee are sub	mitted for	filing.			
Please return all correspondence conce	rning this matte	er to the fo	ollowing:			
	DANIEL	. FR	HAR			
		(Name of	f Contact Perso	on)		
•		(Firm	n/ Company)			
	5016		STREAM Address)	ROAD	DLOEE	FL 3286
<u>CHIE</u>	ILFLIAL	•	mail. L			
For further information concerning this			e annuai report	. notification)		
Del H. Morte (Name of Contact Person	CIA on)		at (<u>40)</u> (Area () <u>L</u> L Code & Dayti	14-319 me Telephone N	Jumber)
Enclosed is a check for the following a \$35 Filing Fee \$\sum_\$43.75 Certifi		□\$43.75 Certific	Filing Fee & ed Copy ional copy is	□\$52.50 Certific Certifie	Filing Fee ate of Status d Copy onal Copy is	
Mailing Address Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231			Amen Divisi Clifto 2661	t Address dment Section ion of Corpor n Building Executive Cenassee, FL 32	ations	

Articles of Amendment to

FILED 74 OCT 10 AN 11: 44

Articles of Incorporation

ORANDO POLILE ATHLETIL LEAGUE, THE AHASSES PLONDA
(Name of Corporation as currently filed with the Florida Dept. of State)
N14 00000 1711
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
POLICE ATHLETIC LEAGUE OF DELANDO THE NEW
POLLE ATHLETIL LEAGUE OF DELAYDD 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:
, Florida
(City) (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 X Add	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u> 16</u>	BRYANT, LEAMON	
Add Remove			
2) Change Add	<u>3 T</u>	JOAUHN, MONIQUE	305 NY MORE DR # 209 ALTAMONTE SPUNGS FL 3271
Remove 3) Change Add	76	JACKSON GEEGORY	8292 BATWOOD DVISTA PR QRLANDO FL 32810
Remove			
4) Change			
Add			
Remove			
5) Change	·		
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art attach additional sheets, if necessary).	(Be specific)
	NIA
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<u> </u>	

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	•	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s) l.	
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were ers.	
Dated	10/8/14	
Signatures Lo	miel Fryar	
(By the chair have not bee	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustec, or appointed fiduciary by that fiduciary)	
	DANKEL FRYAR	
	(Typed or printed name of person signing)	
	INLORPORATOR	
	(Title of person signing)	