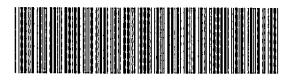
## MYDDOGTIL

| (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: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only



900321078089

11/26/18~-01040--001 \*\*35.00

R. WHITE \* DEC 0 426...



## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION          | Weston Athletic Leag                             |   |                      |  |
|------------------------------|--|---|----------------------|--|
| Document number.             | N14000005716                                     |   |                      |  |
| The enclosed Articles of An  | nendment and fee are subn                        | nitted for filing.  |                      |  |
| Please return all correspond | ence concerning this matte                       | r to the following:   |                      |  |
| Daniel A. Espinosa           |  |   |                      |  |
|                              |  | (Name of Contact Po   | erson)               |  |
| Weston Athletic League, In   | c.   |   |                      |  |
|                              |  | (Firm/ Company  | y)                   |  |
| 1344 Meadows Blvd            |  |   |                      |  |
|                              |  | (Address)   |                      |  |
| Weston FL, 33327             |  |   |                      |  |
|                              |  | (City/ State and Zip  | Code)                |  |
| dan@westonathleticleague.    | •  |   |                      |  |
| T                            | -mail address: (to be used                       | for future annual rep   | ort notification     | )  |
| For further information con- | cerning this matter, please                      | call:   |                      |  |
| Daniel A. Espinosa           |  | at  | 954                  | 592-3020   |
|                              | (Name of Contact Person)                         |   | (Area Code)          | (Davtime Telephone Number)                                 |
| Enclosed is a check for the  | following amount made pay                        | yable to the Florida l  | Department of S      | State:   |
| <b>\$</b> 35 Filing Fee      | □\$43,75 Filing Fee &  <br>Certificate of Status | OS43,75 Filing Fee<br>Certified Copy<br>(Additional copy i<br>enclosed) | Certifi<br>s Certifi | O Filing Fee<br>cate of Status<br>ed Copy<br>ional Copy is |

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
Tallabaseer, VI, 32301

## **Articles of Amendment**

Articles of Incorporation

| •   |                       | 10  | ( <del></del>                   |
|---|-----------------------|---|---------------------------------|
|   | Articles              | s of Incorporation                              |                                 |
|   |                       | of  | FILED                           |
| Weston Athletic League, Inc.  |                       |   | 2018 404                        |
| (Name of Corporation a  | s curren              | tly filed with the Florida Dent.                | 2018 NOV 26 PM 4: 13            |
| N14000005716  |                       |   | SECRETARY IN 4: 13              |
| (Йосипе   | ent ivumo             | er or Corporation (if known)                    | THILEAHASSEE. FIATE             |
| Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorneration: | da Statute            | es, this <i>Florida Not For Profit C</i>        | orporation adopts the following |
| A. If amending name, enter the new name of the o  | corporat              | ion:  |                                 |
|   |                       |   | The new                         |
| name must be distinguishable and contain the word   | corpora :             | tion" or "incorporated" or the c                | abbreviation "Corp." or "Inc."  |
| "Company" or "Co." may not be used in the name.   |                       |   |                                 |
| B. Fater new principal office address, if applicable  | b-                    | 1344 Meadows Blvd                               |                                 |
| (Principal office address <u>MUST BE A STREET AD</u>  |                       | Weston, FL 33327                                |                                 |
|   |                       |   |                                 |
|   |                       |   |                                 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B                  | <u>ox</u> )           | P.O. BOX 268687                                 |                                 |
|   | _                     | Weston FL, 33326                                |                                 |
|   |                       |   |                                 |
| D. If amending the registered agent and/or regist   | ered offi             | ce address in Florida, enter the                | name of the                     |
| new registered agent and/or the new registered  |                       |   |                                 |
|   | Dan Espir             | nosa  |                                 |
| Name of New Registered Agent:   | उस लिय                | <del>adomis Bir</del> d. 1344 Me                | FAdowi Blud                     |
| -   |                       | (Florida street                                 |                                 |
| New Registered Office Address:  |                       |   |                                 |
| ,   | Weston                |   | , Florida 33327                 |
| <del>-</del>  |                       | (City)  | (Zip Code)                      |
|   |                       | (00,7)  | (infrared)                      |
| New Registered Agent's Signature, if changing Re  | edstered              | Agent:  |                                 |
| i hereby accept the appointment as registered agent   | Tum ju                | मार्गेवार अपने वनवे वट्ट्यम मेर <i>छो</i> गेष्ट | uwas of the position.           |
|   | $\setminus \setminus$ | in () () faring                                 |                                 |
| <del></del> -   | <u> </u>              | ignature of New Registered Age                  | nt if changing                  |
|   |                       | -M  |                                 |

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 aud/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; Y = 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 | V Mil        | nn <u>Doe</u><br>ke Jones<br>ly Smith |                                     |
|-----------------------------------|--------------|---------------------------------------|-------------------------------------|
| Type of Action<br>(Check One)     | <u>Title</u> | <u>Name</u>                           | <u>Addres</u> s                     |
| 1) Change<br>Add<br>x Remove      | <u>v</u>     | Shawn Jones                           |                                     |
| 2) Change                         | <u>T</u>     | Rob Ells                              |                                     |
| x Remove 3) X Change Add          | P            | Dan Espinosa                          | P.O. BOX 268687  WESTON, FL 33326   |
| Remove  4) Change  x Add          | <u>v</u>     | Scott Hodges                          | P.O. BOX 268687<br>WESTON, FL 33326 |
| Change  Add                       | <u>T</u>     | Mark Kleinman                         | P.O. BOX 268687  WESTON, FL 33326   |
| Remove  6) Change                 | <u>s</u>     | Chris Wochr                           | P.O. BOX 268687  WESTON, FL 33336   |
| Remove                            |              |                                       |                                     |

| If amending or adding additional a    | y). (Be specific) |             |              |                                       |
|---------------------------------------|-------------------|-------------|--------------|---------------------------------------|
|                                       |                   |             |              |                                       |
|                                       |                   |             |              |                                       |
|                                       |                   |             |              |                                       |
|                                       |                   |             |              | <u> </u>                              |
|                                       |                   |             |              |                                       |
|                                       |                   |             |              |                                       |
|                                       |                   |             |              |                                       |
|                                       |                   |             |              |                                       |
|                                       |                   |             |              |                                       |
|                                       | <del> </del>      |             |              |                                       |
|                                       |                   |             |              |                                       |
|                                       |                   |             |              |                                       |
|                                       |                   |             |              |                                       |
|                                       |                   |             |              |                                       |
| <del></del>                           |                   |             |              | <del></del>                           |
|                                       |                   |             |              |                                       |
| ······                                |                   |             |              | <del></del>                           |
|                                       |                   |             |              |                                       |
|                                       |                   | ·           |              | <u></u>                               |
|                                       |                   |             |              |                                       |
|                                       |                   |             |              |                                       |
|                                       |                   |             |              | <del></del>                           |
|                                       |                   |             |              |                                       |
|                                       |                   | <del></del> | <del> </del> | <del></del>                           |
|                                       |                   |             |              |                                       |
| · · · · · · · · · · · · · · · · · · · |                   |             |              | <del> </del>                          |
|                                       |                   |             |              |                                       |
|                                       |                   |             |              |                                       |
|                                       |                   |             |              | · · · · · · · · · · · · · · · · · · · |
|                                       |                   |             |              |                                       |
|                                       | <del> </del>      |             | <del></del>  | <del> </del>                          |
|                                       |                   |             |              |                                       |
| ··· <del></del>                       |                   | <del></del> |              |                                       |
|                                       |                   |             |              |                                       |
|                                       |                   | <del></del> |              |                                       |
|                                       | <u> </u>          |             |              | <del></del>                           |
|                                       |                   |             |              |                                       |
|                                       |                   |             |              |                                       |
|                                       |                   |             |              |                                       |
|                                       |                   | <del></del> |              |                                       |

| <b>.</b> | if O   | ther than the |
|----------|--|---------------|
|          | date of each amendment(s) adoption:, if of this document was signed.   |               |
| Effe     | (no more than 90 days after amendment file date)   |               |
|          | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listement's effective date on the Department of State's records.  | d as the      |
| Ada      | ption 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 Member 18, 2018  |               |
|          | Signature City L. tspinos  |               |
|          | (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) |               |
|          | Daniel A. Espinosa   |               |
|          | (Typed or printed name of person signing)  |               |
|          | President  |               |
|          | (Title of person signing)  |               |