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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	THE STEINBRENN ON:	IER BAND BOO	STERS,	INC		
	N14000006791					
DOCUMENT NUMBER:						
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	:			
Jacqueline Regan						
		(Name of Contac	t Person)			
THE STEINBRENNER B	AND BOOSTERS, INC					
		(Firm/ Comp	any)			
4808 Mirabella Pl						
		(Address)			
Lutz, FL 33558						
		(City/ State and Z	Zip Code)			
sbbcfo@gmail.com						
	E-mail address: (to be used	for future annual	report no	tification	1)	
For further information cond	cerning this matter, please of	call:				
Jacqueline Regan			813		926-2865	
	(Name of Contact Person)			(Code)	(Daytime Telephone N	umber)
Enclosed is a check for the f	ollowing amount made pay	vable to the Florid	da Departi	ment of 5	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & 1 Certificate of Status	□\$43.75 Filing F Certified Copy (Additional copenciosed)		Certifi Certifi	D Filing Fee icate of Status led Copy itional Copy is used)	
Mailing Address		Street 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 Articles of Incorporation of

THE STEINBRENNER BAND BOOSTERS, II	NC		2019 SID 10 7H 7: 5H
(Name of Corporation	as currently	filed with the Florida	
N14000006791			
(Docur	nent Number	of Corporation (if know	n)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes,	this <i>Florida Not For Pr</i>	cofit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation	<u>ı:</u>	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	1 "corporatio <u>e</u> .	n" or "incorporated" o	The new rathe abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	ble: DDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
D. If amending the registered agent and/or regis	stered office a	address in Florida, ente	er the name of the
new registered agent and/or the new register Name of New Registered Agent:		<u>ress:</u> I, DEBORAH	
	19407 WAS	STENA TR	
New Registered Office Address:		(Florida	street address)
	ODESSA		. Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent —	t. I am famil	ent: iar with and accept the a	

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>	<u>Addres</u> s
1) Change	P	JAMES YOUNG	17412 HIALEAH DR
Add			ODESSA FL 33556
X Remove			
2) Change	P	DEBORAH THOMSON	19407 WASTENA TR
X Add			Odessa, FL 33556
Remove			
3) Change	T 	MICHAEL O'SHEA	18910 CHARVILLE RD
Add			Lutz, FL 33558
X Remove			
4) Change	T	JACQUELINE REGAN	4808 MIRABELLA pL
X Add			LUTZ, FL 33558
Remove			
5) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change			
Add			
Remove		_	

samending or adding additional Artistach additional sheets, if necessary).	(Be specific)				
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	8/30/2019	
The date of each amendme	nt(s) adoption:	_, if other than the
date this document was signe	d.	_
Decades describe a training	8/30/2019	
Effective date if applicable	· · · · · · · · · · · · · · · · · · ·	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on	this block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	e listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes east for the amendment(s) approval.	
There are no members of adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated	-4-12	
Signature		_
(By the	ne chairman or vice chairman of the board, president or other officer-if directors	
other	not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
D	eborah Thomson	
_	(Typed or printed name of person signing)	
Pr	resident	
	(Title of person signing)	