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And

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R. White

## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION            |   | BRAHMAN BOOS  | TERS ASSOC                   | CIATION, INC.  |             |
|--------------------------------|---|---|------------------------------|--|-------------|
| DOCUMENT NUMBER:               | N14000011388                                |   |                              |  |             |
| The enclosed Articles of Am    | endment and fee are sub                     | nitted for filing.  |                              |  |             |
| Please return all corresponde  | ence concerning this matte                  | er to the following:  |                              |  |             |
| ANDREW DUNMIRE                 |   |   |                              |  |             |
|                                |   | (Name of Contact Po   | erson)                       |  |             |
| BEASLEY, BRYANT & CO           | OMPANY, CPA'S, P.A.                         |   |                              |  |             |
|                                |   | (Firm/ Company  | ·)                           |  |             |
| 4940 SOUTHFORK ROAD            |   |   |                              |  |             |
|                                |   | (Address)   |                              |  |             |
| LAKELAND, FL 33813             |   |   |                              |  |             |
|                                |   | (City/ State and Zip  | Code)                        |  |             |
| andrew@beasleybryantcpa.c      | com   |   |                              |  |             |
| E                              | -mail address: (to be used                  | for future annual rep   | ort notification             | n)   |             |
| For further information conce  | erning this matter, please                  | call:   |                              |  |             |
| Andrew Dunmire                 |   | at  | 863                          | 646-1373   |             |
|                                | (Name of Contact Person)                    |   | (Area Code)                  | (Daytime Telepho   | one Number) |
| Enclosed is a check for the fo | ollowing amount made pay                    | yable to the Florida [  | epartment of                 | State:   |             |
| ☐ \$35 Filing Fee              | □\$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee Certified Copy (Additional copy is enclosed) | Certif<br>Certif             | 0 Filing Fee icate of Status ied Copy tional Copy is osed) |             |
| Mailing A                      |   |   | eet Address<br>endment Secti | o <b>n</b>   |             |

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

COST # 7015.1730.0001.2328.3672 Mr # 9590.9402.2567.6306.9142.65

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment to Articles of Incorporation

| <b>17</b> HU 22 | PH | 3: | ; | 7 |
|-----------------|----|----|---|---|
|-----------------|----|----|---|---|

FLORIDA YOUTH BRAHMAN BOOSTERS ASSOCIATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N14000011388 (Document Number of Corporation (if 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: N/A 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: N/A 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

## 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> | Doe<br>e Jones<br>y Smith |                 |
|----------------------------------|---------------------|---------------------------|-----------------|
| Type of Action<br>(Check One)    | <u>Title</u>        | Name                      | <u>Addres</u> s |
| N/A                              |                     |                           |                 |
| 1) Change                        | <del></del>         |                           | <del></del>     |
| Add                              |                     |                           |                 |
| Remove                           |                     |                           |                 |
| 2) Change                        | <u> </u>            |                           |                 |
| Add                              |                     |                           |                 |
| Remove                           |                     |                           |                 |
| 3) Change                        |                     |                           |                 |
| -                                |                     |                           |                 |
| Add                              |                     |                           | <u></u>         |
| Remove                           |                     |                           |                 |
| 4) Change                        |                     |                           |                 |
| Add                              |                     |                           |                 |
| Remove                           |                     |                           |                 |
| Kemove                           |                     |                           |                 |
| 5) Change                        | . <u> </u>          |                           |                 |
| Add                              |                     |                           |                 |
| Remove                           |                     |                           |                 |
| Kemove                           |                     |                           |                 |
| (f) Change                       |                     | <del></del>               |                 |
| Add                              |                     |                           |                 |
| Remove                           |                     |                           |                 |
| 13011070                         |                     |                           |                 |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)  PLEASE ADD THE FOLLOWING ADDITIONAL ARTICLE: |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
| Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code."   |  |  |  |  |
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|       | this document was signed.  | • |
|-------|--|---|
| Effec | tive date if applicable:   |   |
|       | (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 listed as the nent's effective date on the Department of State's records,   |   |
| Adop  | etion 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 5.17.17  |   |
|       | Signature  (By the chairman of 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) |   |
|       | Kelvin Moreno<br>(Typed or printed name of person signing)   |   |
|       | Exec. Director   |   |
|       | (Title of person signing)  |   |