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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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IIM 5.5.2015

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Manhassc	Allstars-A	AU Basketball Rogram, Inc.
DOCUMENT NUMBER: N 150000	3165	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Sylvester Johnson	(Name of Contact Person	n)
	(Firm/ Company)	
1155 Orne Court	(Address)	
Kissimmee, Florida	3475 (City/ State and Zip Cod	59
Slyjohn 380 ao	for future annual report	notification)
For further information concerning this matter, please	call:	
(Name of Contact Person)	at () ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	vable to the Florida Dens	artment of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address		Address
Amendment Section	Amendment Section	

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 to Articles of Incorporation

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		of i.e.			15 JUN I I	PM 2
Nanhasset Allstars (Name of Corporation as currently file	-AAUT	Basketk		ogram,	Inc	
N15000003165	Cu with the Fit	orida Dept. or s	tate)	•		
	nt Number of C	orporation (if k	nown)		"	
rsuant to the provisions of section 617.1006 endment(s) to its Articles of Incorporation:	, Florida Statut	es, this <i>Florida</i>	Not For Profit	Corporation a	dopts the following	ıg
If amending name, enter the new name of the most be distinguishable and contain the company" or "Co." may not be used in the	word corpora		porated" or the	e abbreviation	The new	
Enter new principal office address, if apincipal office address if apincipal office address.	plicable:		4/k			
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF			N/A			
If amending the registered agent and/or new registered agent and/or the new reg			lorida, enter t	he name of the	<u>e</u>	
Name of New Registered Agent:		N/A				
New Registered Office Address:		(Florida street add	ress)			
			, F	lorida		
	(City)				(Zip Code)	
ew Registered Agent's Signature, if chang hereby accept the appointment as registered	ing Registered	Agent:			,	

Page 1 of 4

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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Remove			
2) Change		N/A	
Add Remove			
3) Change		N/A	
Add Remove			
4) Change		N/A	
Add			
5) Change		N/A	
Add Remove			
6) Change		N/A	
Add			
Remove			

It amending o attach addition	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)
•	
- · · · · · · · · · · · · · · · · · · ·	
· · ·	

The date of each amendment(s) adopt date this document was signed.	ion:N/A	if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	15 JUN 1 PM 2: 41
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cast for the	: amendment(s)
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment	(s) was/were
Dated Ob - O	Y 2015/	
Signature Juliette	a Copyeon	
have not been so	n or vice chairman of the board, president or other office elected, by an incorporator — if in the hands of a receive pinted fiduciary by that fiduciary)	
Sylveste	r Johnson	
President	ped or printed name of person signing)	
	(Title of person signing)	