NI50000653

| | (Requestor's Name) | | | |
|----------------------|--------------------------|--|--|--|
| . | (Address) | | | |
| | (Address) | | | |
| | (City/State/Zip/Phone #) | | | |
| PICK-UI | WAIT MAIL | | | |
| | (Business Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions | s to Filing Officer: | | | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: ALVA BABE RUTH/CAL | RIPKEN INC |
|--|--|
| N15000006653 | |
| DOCUMENT NUMBER: | |
| The enclosed Articles of Amendment and fee are submitted | or filing. |
| Please return all correspondence concerning this matter to the | e following: |
| MATTHEW BECHTEL | |
| (Name | of Contact Person) |
| ALVA BABE RUTH/CAL RIPKEN INC | |
| (F | irm/ Company) |
| 2107 RIVER RIDGE BLVD | |
| | (Address) |
| FORT MYERS, FL 33905 | |
| (City/ | State and Zip Code) |
| ALVABRCR@GMAIL.COM | |
| E-mail address: (to be used for fut | ure annual report notification) |
| For further information concerning this matter, please call: | |
| MATTHEW BECHTEL | 239 246-7297 at |
| (Name of Contact Person) | (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made payable t | o the Florida Department of State: |
| (Add | 75 Filing Fee & S52.50 Filing Fee ified Copy Certificate of Status ditional copy is Certified Copy (Additional Copy is Enclosed) |

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
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| ALVA BABE RUTH/CAL RIPKEN INC. | n as current | v filed with t | he Florida Dept. of State | · · · · · · · · · · · · · · · · · · · | | |
|--|---------------|------------------------|----------------------------|---------------------------------------|------------------------|--|
| N15000006653 | i as current | y mta wim t | the Florida Dept. of State | .) | | |
| | ment Numbe | r of Corporation | on (if known) | | <u> </u> | |
| Pursuant to the provisions of section 617.1006, Flo | | · | | am adante th | o followin | |
| amendment(s) to its Articles of Incorporation: | ilua Statutes | , uns <i>Prortaa</i> . | Not vor vroja Corporati | m adopts tr | ie following | |
| A. If amending name, enter the new name of the | e corporatio | n: | | | | |
| N/A | | _ | | | Thann | |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam | | on" or "incor | porated" or the abbrevia | ion "Corp." | The new " or "Inc." | |
| B. Enter new principal office address, if applica | <u>able:</u> | N/A | | | | |
| (Principal office address <u>MUST BE A STREET A</u> | (DDRESS) | | | | | |
| | - | | | | | |
| | - | | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | BOX) | N/A | | 5- | 7 | |
| S S S S S S S S S S S S S S S S S S S | | | | 7. | (. ((| |
| | - | | | | Ö, | |
| | | | | · · · · · · · · · · · · · · · · · · · | 1 | |
| D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered. | | | lorida, enter the name o | the c | ₹.7 | |
| | N/A | <u>uress:</u> | | | 53 | |
| Name of New Registered Agent: | | | | | | |
| | N/A | | | | | |
| New Registered Office Address: | | | (Florida street address) | | | |
| | | , Florida | | orida | | |
| | | (City) | (. | Zip Code) | | |
| New Registered Agent's Signature, if changing I | | | | | | |
| I hereby accept the appointment as registered agen | ıt. Lam fam | iliar with and | accept the obligations of | the position | | |
| | | | | | | |
| _ | Sig | nature of New | Registered Agent, if char | nging | | |

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 | PT John Do V Mike Jo SV Sally So | ones | |
|-----------------------------------|--|-------------|-----------|
| Type of Action (Check One) | Title | Name | Address |
| 1) Change | | | |
| Add | | | |
| Remove | | | / |
| 2) Change | | /_ | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | M. | |
| 4) Change | —, | | · <u></u> |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | - | |
| Remove | | | |
| 6)Change | | | |
| Add | | | |
| Remove | | Page 2 of 4 | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) |
|---|
| ARTICLE III SHALL BE AMENDED TO READ AS FOLLOWS: |
| Support and maintain a local Babe Ruth/Cal Ripken youth baseball league in the Alva, FL area. Said Organization is |
| organized exclusively for charitable, educational, and for the fostering of amateur sports competition purposes as described |
| under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. |
| Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of |
| Section 501(c)(3) of the Internal Revenue Code or corresponding section of any future federal tax code or shall be |
| distributed to the federal government or to a state or local government for a public purpose. Any such assets not disposed of |
| shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the organization is |
| then located, exclusively for such purposes or to such organization(s), as said Court shall determine, which are organized an |
| operated exclusively for such purposes. |
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| | | June 14, 2017 | |
|------|-------------------------------------|---|---------------------------|
| The | date of each amen | dment(s) adoption: | , if other than the |
| date | this document was | signed. | |
| | | June: 15, 2017 | |
| Effe | ectivé date <u>if applic</u> | | |
| | | (no more than 90 days after amendment file date) | |
| | | ed in this block does not meet the applicable statutory filing requirements, this date value on the Department of State's records. | will not be listed as the |
| Ado | option of Amendme | ent(s) (<u>CHECK ONE</u>) | |
| | The amendment(s) was/were sufficien | was/were adopted by the members and the number of votes cast for the amendment t for approval. | (s) |
| | There are no membadopted by the box | bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors. | |
| | Dated | 06/14/2017 | |
| | Signature | | |
| | , | (By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | |
| | | Matthew R Bechtel | |
| | | (Typed or printed name of person signing) | - |
| | | President | |
| | | (Title of person signing) | - |
| | | | |