

N15066006653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

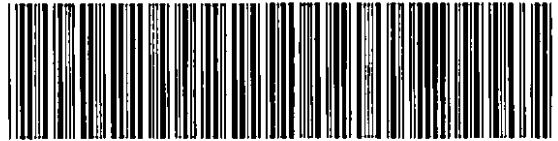
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/27/18--1618--11 **54.00

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2018 AUG 29 P 11 23

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MILWAUKEE
COUNTY CLERK
OFFICE

SEP 05 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Alva Babe Ruth/ Cal Ripken Inc

DOCUMENT NUMBER: N15000006653

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Carney

(Name of Contact Person)

Alva Babe Ruth/ Cal Ripken Inc

(Firm/ Company)

17660 Millers Gully Lane

(Address)

Alva, Florida 33920

(City/ State and Zip Code)

Alvabrccr@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Carney

239

292-2733

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee
 ☐ \$43.75 Filing Fee & Certificate of Status
 ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
 ☐ \$52.50 Filing Fee Certificate of Status 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2018

JASON CARNEY
17660 MILLERS GULLY LN
ALVA, FL 33920

SUBJECT: ALVA BABE RUTH /CAL RIPKEN INC.
Ref. Number: N15000006653

We have received your document for ALVA BABE RUTH /CAL RIPKEN INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have Jason Carney sign the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 918A00017381

RECEIVED
18 AUG 29 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FL 32311

Articles of Amendment
to
Articles of Incorporation
of

Alva Babe Ruth / Cal Ripken Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

N15000006653

(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

The new 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.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Alva Community Park

21471 N. River Rd

Alva, Florida 33920

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17660 Millers Gully Lane

Alva, Florida 33920

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:

Name of New Registered Agent:

Jason Carney

17660 Millers Gully Lane

(Florida street address)

New Registered Office Address:

Alva

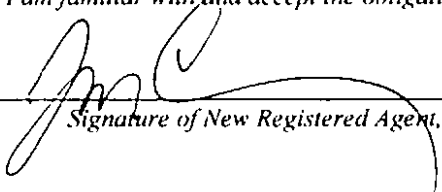
(City)

Florida 33920

(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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Pres</u>	<u>Jason Carney</u>	<u>17660 Millers Gully Lane</u> <u>Alva, Florida 33920</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V.P</u>	<u>William March</u>	<u>19141 Persimmon Ridge</u> <u>Alva, Florida 33920</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Robert Boley</u>	<u>10540 Marie St.</u> <u>Fort Myers, Florida 33905</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Gen.</u>	<u>Todd Myers</u>	<u>19700 Little Lane</u> <u>Alva, Florida 33920</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Matthew Bechtel</u>	<u>2107 River Ridge Road</u> <u>Fort Myers, Florida 33905</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/a

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

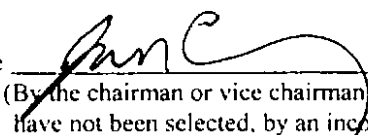
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption 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 8/16/2018 _____

Signature  _____
(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)

Jason Carney

(Typed or printed name of person signing)

President

(Title of person signing)