N 15 000000 7170

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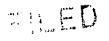
COVER LETTER

Mailing Address Street Address		
■\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)		
Enclosed is a check for the following amount made payable to the Florida Department of State:		
Nakia Cooper at 772 626-8411 (Name of Contact Person) (Area Code) (Daytime Telephone Number)		
For further information concerning this matter, please call:		
Makia yanique @ hotmail. (and E-mail address: (to be used for future annual report notification)		
Port St. Lucie, FL. 34953 (City/ State and Zip Code)		
0 , 0 , 10 , 0 , 0 , 2 , 0 , 7		
1841 Sw Starman Ave (Address)		
19:11 0 1 0 1 7:10		
Treasure Coast Sharpshooters Inc. (Firm/Company)		
(Name of Contact Person)		
Nakia Cooper		
Please return all correspondence concerning this matter to the following:		
The enclosed Articles of Amendment and fee are submitted for filing.		
DOCUMENT NUMBER: N1500007170		
NAME OF CORPORATION: Treasure Coast Sharpshooters Inc.		
Division of Corporations		
TO: 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



7111000	of	2015 SEP -8 AM 11: US
Treasure Coast Sharpsho (Name of Corporation as curren	of-ers Inc.	
	ity men with the Fiores	
N15000007170	er of Corporation (if known	num)
(Document Numb	er of Corporation (if kik	JWII)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati		1
World of Hoops Bask	etlall asso	sciation In ! The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	tion" or "incorporated"	or the abbreviation "Corp." or "Inc."
	.//۵	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/FI	
(Frincipul office unuress <u>MOST BE A STREET ADDRESS</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
(Mauing dauress MAT BE A FOST OFFICE BOA)	(V / 1 ·	
D. If any dime the manistered agent and/on magistered office	add-sar in Florida	anter the name of the
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		enter the name of the
Name of New Projectured Agants	1/19	
Name of New Registered Agent:		
	(Flo	rida street address)
New Registered Office Address:	(110	Table Street and Coop
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		the obligations of the position.
	IA	
S	ignature of New Registe	ered 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)

1

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	V Mik	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove		Michael Cooper	1841 Sw Starman Ave Port St. Lucie, FL. 34953
2) Change Add Remove	<u>P,D</u>	Michael Cooper	1841 SW Storman Are Port St. Lucie, Fl. 34953
3) Change Add Remove	<u>P</u>	Nahia Cooper	1841 SW Starman Are Port St. Lucie, FL. 34953
4) Change Add Remove	Y,T,D	Nakia Cooper	1841 SW Starman Are Port St. Lucie, Fc. 34953
5)	S,T	LaTasha Hart	1301 SWGlastonberry Ave Port St. Lucie, FL. 34953
6) Change Add Remove	_5_	LaTasha Hart	1301 SW Glastonberry Am Port St. Lucie, FL. 34953
		Page 2 of 4	-

	Jerry Cook-remains a director.		
	Daniel Sanchez-remains a director.		
	4		
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If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
	NIA
·	

	date of each amendment(s) this document was signed.	idoption: N/A	, if other than the
Effe	ective date <u>if applicable</u> :	(no more than 90 days after amendment fil	'e date)
	e: If the date inserted in this bument's effective date on the D	lock does not meet the applicable statutory filing redepartment of State's records.	quirements, this date will not be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes caval.	ast for the amendment(s)
Ø	There are no members or me adopted by the board of direct	mbers entitled to vote on the amendment(s). The anothers.	nendment(s) was/were
	Dated	9/3/15	
	(By the ch	Airman or vice chairman of the board, president or observed, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	
		Nahia Copper (Typed or printed name of person	signing)
		Vice-President Treasure (Title of person signing	r, Secretary