

(Ro	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone #)	<u>.                                    </u>
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer	





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## **COVER LETTER**

		COVER LETT	<u>er</u>		
TO: Amendment Section Division of Corporation	ıs			100	The state of the s
NAME OF CORPORATION	EAST LAKE TEAM			FERS, INC.	-4 35
DOCUMENT NUMBER:	N15000009245				Q. 10%
The enclosed Articles of Am	endment and fee are subn	nitted for filing.			
Please return all corresponde	ence concerning this matte	r to the following:			
TODD BROOKS					
		(Name of Contact P	erson)		
EAST LAKE TEAM 79 KR	UNCH ROBOTICS BOO	STERS, INC			
		(Firm√ Compan	y)		
1300 SILVER EAGLE DRI	VE				
		(Address)			
TARPON SPRINGS, FL 34	1688				
		(City/ State and Zip	Code)		
team79krunch@gmail.com					
E	-mail address: (to be used	for future annual rep	port notification	)	<del></del>
For further information conce	erning this matter, please of	call:			
Maria Keaton		at	727	560-1959	
	(Name of Contact Person)	<del></del>	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida	Department of S	State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	

**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

EAST LAKE TEAM 79 KRUNCH ROBOTICS BOOSTERS, INC.

EAST LAKE TEAM 19 KRUNCH ROBOTICS BOOSTE	.KS. INC.		
(Name of Corporation as curr	ently filed with the Flo	rida Dept. of State)	C 3
If amending name, enter the new name of the corporation:  Ime must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Company" or "Co." may not be used in the name.  Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  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:  New Registered Office Address:    View Registered Office Address   View Registered Office Address		٠ ﴿	
(Document Nu	nber of Corporation (if k	inown)	9 0.C. 72 Hz 0
Pursuant to the provisions of section 617,1006, Florida Statemendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not Fo</i>	or Profit Corporation adop	
A. If amending name, enter the new name of the corpor	ation:		
			The new
	ration" or "incorporate	d" or the abbreviation "C	orp." or "Inc."
B. Enter new principal office address, if applicable:	<u></u>		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<del> </del>	<u> </u>	<del> </del>
			<del></del>
		, enter the name of the	
Name of New Registered Agent:			
Van Panistanad Office Addison	(F	lorida street addressi	
New Registered Office Address.			
<del></del>		, Florida	
	(City)	(Zip Coo	te)
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am		the obligations of the pos	ition.
	Signature of New Regis	tered Agent, if changing	<del></del>

## 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>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Dawn Montevego	1300 SILVER EAGLE DRIVE
Add			TARPON SPRINGS, FL 34688
X Remove			
2) X Change	P	Maria Keaton	1300 SILVER EAGLE DRIVE
Add			TARPON SPRINGS, FL 34688
Remove			
3 ) Change	V	Magdalena Melgar	1300 SILVER EAGLE DRIVE
X Add			TARPON SPRINGS, FL 34688
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Remove			

f amending or adding additional Ar ttach additional sheets, if necessary).	(Be specific	)			
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	date of each amer		on: <u>//-5</u>	-2019		_, if other than the
Effe	ective date <u>if appli</u>	cable:				
			(no more than 90)	days after amendment fu	le date)	
			pes not meet the app ment of State's record		equirements, this date will not be	be listed as the
<b>\d</b> o	ption of Amendm	ent(s)	( <u>CHECK ONE</u> )			
	The amendment(s was/were sufficier		d by the members at	nd the number of votes c	ast for the amendment(s)	
	There are no mem adopted by the bo		entitled to vote on th	ne amendment(s). The ar	nendment(s) was/were	
	Dated	November 16, 20	)19 (			
	Signature	TRANA	de de	aton		
		have not been sel		the board, president or o orator – if in the hands o at fiduciary)		
		Maria Keaton				
			(Typed or	printed name of person	signing)	
		President, for	nerly Vice Presiden	ıt		
		•	· ·	(Title of person signing	0)	