

N15000012009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

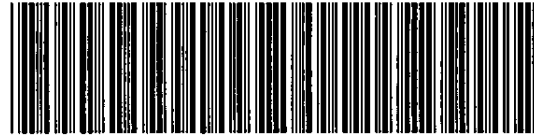
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/07/16--01008--004 \*\*10.00

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16 JUN 28 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend / Name change*

JUL 01 2016  
D CUSHING

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16 JUN -7 AM 8:44

DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Boca Hitman Ultra Inc

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Creaghan Harry

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

900 N Federal Hwy Ste 350

\_\_\_\_\_  
Address

Boca Raton, FL, 33432

\_\_\_\_\_  
City/State and Zip Code

coo@procall.com

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

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16 JUN 28 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Gessica Vargas

561 922-3953  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 8, 2016

CREAGHAN HARRY  
900 N FEDERAL HWY STE 350  
BOCA RATON, FL 33432

SUBJECT: BOCA HITMEN ULTRA, INC  
Ref. Number: N15000012009

We have received your document for BOCA HITMEN ULTRA, INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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.

Rebekah White  
Regulatory Specialist II

Letter Number: 316A00012097

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
16 JUN 28 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Boca Hitmen Ultra, Inc

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

N15000012009

(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:

Boca Hitmen Baseball, Inc

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)

205 S Federal Hwy

Ste 350

Deerfield Beach, FL, 33441

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

205 S Federal Hwy

Ste 350

Deerfield Beach, FL, 33441

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:

\_\_\_\_\_

(Florida street address)

New Registered Office Address:

\_\_\_\_\_

(City)

Florida

(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 checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action  
(Check One)

Title

Name

Address

- 1) ☐ Change  
☐ Add  
☐ Remove

P Creaghan Horry

265 S Federal Hwy Ste 350  
Deerfield Beach, FL  
33441

- 2) ☐ Change  
☐ Add  
☐ Remove

VP Denise Green

18541 Santa Laguna Dr  
Boca Raton, FL  
33428

- 3) ☐ Change  
☐ Add  
☐ Remove

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 4) ☐ Change  
☐ Add  
☐ Remove

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 5) ☐ Change  
☐ Add  
☐ Remove

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 6) ☐ Change  
☐ Add  
☐ Remove

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

The date of each amendment(s) adoption: 06/13/14, 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 06/13/14

Signature [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)

Creaghon Horry  
(Typed or printed name of person signing)

Managing Member / President  
(Title of person signing)

FILED  
16 JUN 28 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA