## N16000000807

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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations LEGACY YOUTH SPORTS, INC. NAME OF CORPORATION: DOCUMENT NUMBER: N 16000000 807 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: OZEL MARTIN (Name of Contact Person) LEGACY YOUTH SPORTS INC. (Firm/ Company) (Address) (City/ State and Zip Code) DZ 4156 Comail. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OZEL MARTIN (Name of Contact Person) at 321 2458413
(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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



16 DEC 23 1H 1: 22

LEGACY YOUTH SPORTS, INC.		SE COST CONTRACTOR
(Name of Corporation as	currently filed with the l	Florida Dept. of State)
1)100000000001		
(Document	t Number of Corporation (	if known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorpore	ated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Flori office address:	da, enter the name of the
Name of New Registered Agent:		
<u>New Registered Office Address:</u>		(Florida street address)
		C1 : 1
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered agent. I	am familiar with and acc	ept the obligations of the position.
	Signature of New Reg	gistered 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:  X Change X Remove X Add	PT         John D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>D</u>	NGOJE, YVES	239 Windrose Drive Orlando, FL 32824
2) Change	<u>D</u>	DAR NELL WASHING	TON 7401 Ma-bella
Add Remove	D	Michelle Washington	Pronte Drive APT. 201 DRLANDO, FL 32822 7401 Marbella
3 ) Change Add Remove		1311-1-101	Pionte Drive APT. 201 Orlando, FL 32822
4) Change Add Remove	D	Sheila MARTIN	Z500 Merchants Rou Tallahassee, FC 32311
5) Change Add Remove			
6) Change Add			
Remove		Dage 2 of 4	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
DISSOLUTION CLAUSE: UPON THE DISSOLUTION OF THIS 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.

• • •		40° ( ) 44° ( )
The date of each amendment(s) adoptic date this document was signed.	on:	if other than the
Effective date if applicable:		16 DEC 23 AM 1: 22
	(no more than 90 days after amendment file date)	Control of the contro
<u>Note:</u> If the date inserted in this block document's effective date on the Departm	ses not meet the applicable statutory filing requirements nent of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of votes cast for the a	amendment(s)
There are no members or members of adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s)	3) was/were
Dated 12/23	116	
Signature		
have not been se	or vice chairman of the board, president or other officer ected, by an incorporator – if in the hands of a receiver nted fiduciary by that fiduciary)	
DZE	- W. MARTIN	
	(Typed or printed name of person signing)	
Presie	dant	

(Title of person signing)