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COVER LETTER

TO; Amendment Section Division of Corporations

Boca Ballers Basebal NAME OF CORPORATION:			
N16000005590 DOCUMENT NUMBER:		<u>. </u>	
The enclosed Articles of Amendment and fee are suba	nitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
Jared Blake Namm, Esq.			
	(Name of Contact F	Person)	
Berman Law Group			
	(Firm/ Compar	ıy)	
3351 NW Boca Raton Blvd			
	(Address)		
Boca Raton,FL 33431			
	(City/ State and Zip	Code)	
jnamm@thebermanlawgroup.com			
E-mail address: (to be used	Ffor future annual re	eport notification	
For further information concerning this matter, please	call:		
Jared Blake Namm, Esq.	p	561 nt	826-5200 EXT 223
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certifi is Certifi	cate of Status ed Copy ional Copy is
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314	д Е 1 2	itreet Address Amendment Section of Corpo The Centre of T (445 N. Monroo Tallahassee, FL 3	orations allahassee : Street, Suite 810

Articles of Amendment to

Articles of Incorporation

of

Boca Ballers Baseball, Inc.				
(Name of Corporation as currently filed with the	Florida Dept. of S	State)		
N16000005590				
(Docume	ent Number of Cor	poration (if known)		
Pursuant to the provisions of section 617,1006, Floramendment(s) to its Articles of Incorporation:	ida Statutes, this F	lorida Not For Profit Cor	poration adopts the foll	owing
A. If amending name, enter the new name of the	corporation:			
N/A			771	е неш
N/A name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		"incorporated" or the abl	previation "Corp." or "	Inc."
B. Enter new principal office address, if applical (Principal office address <u>MUST BE A STREET A</u>)				
			202	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX) N/2	r		
				<u></u> ص
D. If amending the registered agent and/or registered agent and/or the new registered		ess in Florida, enter the r	name of the	8: 29
	Jared Blake Nami	n, Esq.		
<u>Name of New Registered Agent</u> :	3351 NW 2nd Av			
<u>New Registered Office Address:</u>		(Florida street ad	ldress)	
	Boca Raton		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I liberary accept the appointment as registered agen	Registered Agent: nt. I am familfar w	ith and accept the obligat	ions 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 = Trustec; C = Chairman or Clerk; CEO = ChiefExecutive 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 Do V Mike Ju SV Sally Si	ones	
Type of Action (Check One)	Title	Name	Address
1) Change Add	<u>P</u>	Russell Berman	3351 NW 2nd Avenue Boca Raton, Fl. 33431
<u>×</u> Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add	- :-		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	
			<u> </u>

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			 -	
	08/10/2020			
The date of each amendment(s) adoption: date this document was signed.	000107.2020	<u> </u>	, if	other than the
Effective date if applicable: 08/10/2020				
(n	o more than 90 days afte	er amendment file date)		
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable : of State's records.	statutory tiling requiremen	ts, this date will not be li	sted as the
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.

	08/10/2020
Dat	ed
	Jak Comment of the Co
Sig	(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)
	Stephen Clyne
	(Typed or printed name of person signing)
	President (Title of person signing)