N160000	17223
(Requestor's Name)	
(Address)	
(Address)	800329418848
(City/State/Zip/Phone #)	06/03/1901019004 **35.0
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	2019 JUL 11
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Office Use Only	
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	C. GOLDEN
	JUL 1 2 2019

	COVER LETTER
TO: Amendment Section Division of Corporations	
LAKE WEIR HIGH	SCHOOL BASEBALL BOOSTER CLUB, INC
N16000007223	
The enclosed Articles of Amendment and fee are sub-	
Please return all correspondence concerning this matte	er to the following:
NICHOLE DODD	
	(Name of Contact Person)
LAKE WEIR HIGH SCHOOL BASEBALL BOOST	ER CLUB, INC
······································	(Firm/ Company)
10351 SE MARICAMP RD	
	(Address)
OCALA, FL 34472	
	(City/ State and Zip Code)
nikkid0722@gmail.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
NICHOLE DODD	atat
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	vable to the Florida Department of State:
S35 Filing Fee S35 Filing Fee & Certificate of Status	S43.75 Filing Fee &S52.50 Filing FeeCertified CopyCertificate of Status(Additional copy is enclosed)Certified Copy(Additional copy is Enclosed)Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 26, 2019

NICHOLE DODD 10351 SE MARICAMP ROAD OCALA, FL 34472

SUBJECT: LAKE WEIR HIGH SCHOOL BASEBALL BOOSTER CLUB, INC Ref. Number: N16000007223

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please accept our apology for failing to mention this in our previous letter.

Please check only one (1) box regarding each type of action.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 119A00013009



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 20, 2019

NICHOLE DODD 10351 SE MARICAMP ROAD OCALA, FL 34472

SUBJECT: LAKE WEIR HIGH SCHOOL BASEBALL BOOSTER CLUB, INC Ref. Number: N16000007223

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 019A00012473

www.sunbiz.org

Articles of Amendment to **Articles of Incorporation** 0ſ

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LAKE WEIR HIGH SCHOOL BASEBALL BOO	STER CL	01 UB, INC	2019 JUL 11 PH	1 12: 0
(Name of Corporation	as curren	tly filed with the Florid	· · · · · · · · · · · · · · · · · · ·	
N1600007223			; ·	~, '.
(Docun	nent Numb	er of Corporation (if knc	wn)	
Pursuant to the provisions of section 617.1006. Flor amendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida Not For</i> .	Profit Corporation adopts the following	
A. If amending name, enter the new name of the	e corporati	<u>ion:</u>		
			The new	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		tion" or "incorporated"		
 B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>) 		10351 SE MARICAM	'ROAD	
) Ocala, FL 34472		
		10351 SE MARICAM	PROAD	
		Ocala, FL 34472		
D. If amending the registered agent and/or regis new registered agent and/or the new register			iter the name of the	
Name of New Registered Agent:	NICHOL	E DODD		
	121 NE 1	25TH TERRACE RD		
View Development (AP)	<u> </u>	(Flor	da street address)	
<u>New Registered Office Address:</u>	SILVER	SPRINGS		
		(City)	, Florida <i>(Zip Code)</i>	

7 0 ()

Signature of New Registered Agent, if changing

Page 1 of 4

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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>V</u> <u>M</u>	<u>hn Doe</u> ike Jones ily Smith	
<u>Type of Action</u> (Check One)	Title	<u>Name</u>	Address
1) Change	P	WADE GRONLUND	PO BOX 1674
X Add			LADY LAKE, FL 32158
Remove			
2) Change	P	ROBIN HARPER	10526 SE 146TH TERRACE RD
Add			OCKLAWAHA, FL 32179
X Remove			
3) Change	<u>S</u>	NICHOLE DODD	121 NE 125th TERRACE RD
X Add			SILVER SPRINGS, FL 34488
Remove			
4) Change	S	LISA STEWART	11078 SE 105TH ST
Add			OCALA, FL 34472
X Remove			
5) Change	Т	LISA GRAVES	1874 NE 40TH ST
X Add			OCALA, FL 34479
Remove			
6) Change	Ť	LISA STEWART	11078 SE 105TH ST
Add			OCALA, FL 34472
X Remove		Page 2 of 4	

Page 2 of 4

(attach additional sheets, if necessary). (Be specific)			
N/A			

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E. If amending or adding additional Articles, enter change(s) here:

Page 3 of 4

Ν	1A	Y	20,	20	1	9

The date of each amendment(s) adoption: _____ date this document was signed.

MAY 20, 2019 Effective date if applicable:

(no more than 90 days after amendment file date)

, if other than the

<u>Note:</u> 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 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)

NICHOLE DODD

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)