## N16 000 010768

(Re	questor's Name)	
( ) -	,	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





800394334898

09/19/22--01035--010 \*\*52.50

2022 \$127 19 (2) 3: 20

Smend

DEC 1 6 7077 D CUSHING

## **COVER LETTER**

TO: Amendment Section Division of Corporations VCals Basketball Booster C/Ub, In N/60000 1708 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm Company) NW 5th St E-mail address: (to be used for future annual report obtification For further information concerning this matter, please call: 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 Certified Copy Certificate of Status Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida I	Dane of Sental
Name of Corporation as currently fried with the Florida)	Il Booster dub, Inc.
(Document Numb	oer of Corporation (if known)
N16000010768	es, this Florida Not For Profit Corporation adopts the following
rursuant to the provisions of section 617, 1906, Fibrida Statuo amendment(s) to its Articles of Incorporation:	es, this Phornia (voi Pin Proja Corportation adopte the removing
A. If amending name, enter the new name of the corporat	tion:
A HARMANIE MANKE CIRCY WE BEN JAMES OF ME CONTENTS	The new
name must be distinguishable and contain the word "corpora	ntion" 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:	13762 W State 120189 \$148
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Davie FC 33325
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13762 W. State Ad - 84 # 148
(Mulling dadress SIAT BE A TOST OTTICE BOX)	
	Davie F. 33325
	72.
D. If amending the registered agent and/or registered off	ice address in Florida, enter the name of the
new registered agent and/or the new registered office	address:
Name of New Registered Agent: Nation	ha Fowles
13762	10. State Rd. 84 # 141 [Florida street address)
New Registered Office Address:	(Florida street address)
	15. 15. 15. 15. 15. 15. 15. 15. 15. 15.
<u>Utx</u> ı,	City: Storida 33325 (City)
New Registered Agent's Signature, if changing Registere	
Thereby accept the appointment as registered agent. I am f	amiliar with and accept the obligations of the position.
OI	
	Wels
	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 hold. 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

Tinke Jones, + as Aemo	ve, ana sany san	un, 3) da un zud	•
hxample: XChange X Remove X Add	<u>Y</u> <u>Mik</u>	r Doc e Jones y Smith	
Type of Action (Check One)	_l'itle	Name	Address
1) Change Add	ρ	Ned who Towles	13762 W. State Rd. 84 448 Davis Ft. 33325
Remove 2) Change Add	<u>V</u>	Carrille Elhott	2001 Nuc 1:3 <sup>rd</sup> Ave Sunns: F1:33313
Remove Change Add Remove	<u>P</u>	Erica Greenbey-Ring	7500 NW 54757 108 Plankaten PC 33317
4) Change Add			
Remove			
51 Change Add			
Remove			
6)ChangeAdd			
Remove			
E. <u>If amending or ad</u> (attach additional s	ding additional heets, if necessar	Articles, enter change(s) here: y). (Be specific)	

•	
The day of oak amandmant badansian	, if other than the
The date of each amendment(s) adoption:	. If Other tight the
Effective date if applicable: too more than 90 days after amendment fit	o date)
	the state of the small and her listed as the

 $\underline{Note}$ : 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 adopted by the board of directors.	amendment(s) was/were
Dated 9-12 23	
Signature JM JM	other afficer if disperses
(By the chairman or vice chairman of the board, president or have not been selected, by an incorporator – if in the hands other court appointed fiduciary by that fiduciary)	
Ency Greenberg (Typed or printed name of person	- Rrg
Decident	

(Title of person signing)