N17000001471

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(61)/61313_1/11.11616_1/
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400375371454



10/26/21--01015--003 **35.00



A. RAMSEY NOV 0 5 2021

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

ERNESS LITTLE LEAGUE	BASEBALL,	INC.	,	
and fee are submitted for fili	ng.			
erning this matter to the follo	wing:			
(Name of Co	ontact Person)		•	
.C				
(Firm/ C	Company)			
(Adv	Irace)			
(Aut	uress)			
(City/ State a	and Zip Code)		.	
S.COM				
ress: (to be used for future an	nual report not	ification)	· · · · · · · · · · · · · · · · · · ·
s matter, please call:				
	352		464-7954	
Contact Person)	(Area	Code)	(Daytime Telephone N	(umber)
amount made payable to the l	Florida Departr	nent of S	State:	
cate of Status Certified C	Сору	Certific Certific (Addit	cate of Status ed Copy ional Copy is	
	and fee are submitted for filing fee & S43.75 Filing fee & S43.75 Filing fee & Certified C (Additional enclosed)	(Name of Contact Person) (Name of Contact Person) (Address) (City/ State and Zip Code) S.COM ress: (to be used for future annual report not s matter, please call: (Area amount made payable to the Florida Departr Filing Fee & □\$43.75 Filing Fee & □ cate of Status Certified Copy (Additional copy is enclosed) Street Add Amendme	and fee are submitted for filing. eming this matter to the following: (Name of Contact Person) (Address) (City/ State and Zip Code) S.COM ress: (to be used for future annual report notification as matter, please call: 2352 (Area Code) amount made payable to the Florida Department of Stephen and Status Centified Copy Certification (Additional copy is centified Copy (Additional copy is Certified Copy (Additional copy is Certi	and fee are submitted for filing. erming this matter to the following: (Name of Contact Person) (City/ State and Zip Code) S.COM ress: (to be used for future annual report notification) s matter, please call: (Contact Person) at (Add-7954 (Area Code) (Daytime Telephone Notification) at (Additional copy is certificate of Status (Additional copy is enclosed) Street Address Amendment Section

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

FILED	
2021 OCT 26 AM 11: 17	
(6) (5) (6) (7) (7) (7)	,

INVERNESS LITTLE LEAGUE BASEBALL INC.

Name of Corporation as currently filed with the Florida Dept. of State)		- 31 Mars 4771:17		
N17000001471		MASSEST STORM		
(Document Nu	mber of Corporation (if known)	THOMAS.		
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Not For Profit</i>	Corporation adopts the following		
A. If amending name, enter the new name of the corpor	ration:			
		The new		
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the	e abbreviation "Corp." or "Inc."		
B. Enter new principal office address, if applicable:				
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)			
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 1120			
(INVERNESS, FL 34451			
D. If amending the registered agent and/or registered o		he name of the		
new registered agent and/or the new registered office	e address:			
Name of New Registered Agent:				
	(Florida stre	et address)		
New Registered Office Address:	(
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am		gations of the position.		
	Signature of New Registered Ago	ent, 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 Do V Mike Jo SV Sally Sr	nes enes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	PRES	RODNEY ARNOLD	PO BOX 2351 INVERNESS FL 34451
× Remove			
2) Change Add	<u>VP</u>		PO BOX 2351 INVERNESS FL 34451
x Remove 3) Change x Add Remove	PRES	DALTON POLLARD	2393 S PELT tERR INVERNESS FL 34452
4) Change Add	VP	JOHN PRITCHER	9188 N COMMODORE DR CITRUS SPRINGS FL 34434
Remove 5) Change Add Remove	TREAS		5505 S EATON TERR INVERNESS FL 34452
6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

		···		
		•		
			 	
				
				
				
				
				
				
 	 	 		
	09/29/2021			
The date of each amendment(s) adop date this document was signed.	otion:			, if other than the
Effective date if applicable:				
	(no more than 90 do	iys after amendment fü	le date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the appli tment of State's record	cable statutory filing res.	equirements, this date will n	ot be listed 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.

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 WIG 21
Signature Styline enaminan of the hairman of the boats, profession of the 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)
(Typed or printed name of person signing)
(l'itle of person signing)