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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	TTLE LEAGUE BAS	EBALL INC.		
DOCUMENT NUMBER:		-		
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this r	natter to the following	:		
TABITHA WELLS				
	(Name of Contact	Person)		
WELLS BUSINESS SOLUTIONS LLC				
	(Firm/ Compa	iny)		
PO BOX 1120				
4	(Address)			
INVERNESS FL 34451				
-	(City/ State and Z	ip Code)		v
TABITHA@WELLSBIZSOLUTIONS.COM				
E-mail address: (to be	used for future annual	report notificatio	n)	
For further information concerning this matter, ple	ease call:			e. 1
WOODROW WORLEY		352 at	613-0866	2002 2002 2002 2002
(Name of Contact Per			(Daytime Telepho	one Number)
Enclosed is a check for the following amount mad	le payable to the Florid	la Department of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee	& □\$43.75 Filing Fe us Certified Copy (Additional cop enclosed)	Certit y is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	28
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	ļ	Street Address Amendment Sect Division of Corpo The Centre of T	orations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

INVERNESS LITTLE LEAGUE BASEBALL INC.

(Name of Corporation as currently filed with the F	'lorida Dept. of State)		
N17000001471			
(Documen	nt Number of Corporation (i	f known)	
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not	For Profit Corporation adopts th	e following
A. If amending name, enter the new name of the co	orporation:		
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorpore	ited" or the abbreviation "Corp."	The new for "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 <u>MAY BE A POST OFFICE BO</u>	<u></u>		
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Flori	da, enter the name of the	200
Name of New Registered Agent:			(2) [] []
New Registered Office Address:		(Florida street address)	
		Florida	165 21.
	(City)	(Zip Code) ·	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<u>tistered Agent:</u> I am familiar with and acco	ept the obligations of the position.	
	Signature of New Reg	sistered 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>P</u>	DALTON POLLARD	2393 S PELT TERR INVERNESS FL 34451
x Remove			
2) Change Add	<u>P</u>	WOODROW WORLEY	409 HUDSON ST INVERNESS FL 34452
Remove 3) Change Add X Remove	VP	JOHN PRITCHER	9188 N COMMODORE DR CITRUS SPRINGS FL 34434
4) Change Add	VP	SHAWN GUNDERSON	2905 S SKYLINE DR INVERNESS FL 34450
Remove 5)ChangeAddRemove	<u>S</u>	KATIE WORLEY	409 HUDSON ST INVERNESS FL. 34452
δ) Change Add		-	
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: essary). (Be specific)	

		
		
		
		
		""
		
		
The date of each amendment(s) adoption date this document was signed.	: 08/14/2022	_, if other than the
08/14/2022		
Effective date if applicable:		
(1)	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will not int of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	

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 $\frac{9/15/22}{}$
Signature (By the wairman 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)
Woody Worley (Typed or printed name of person signing)
President
(Title of person signing)