

N17000003075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

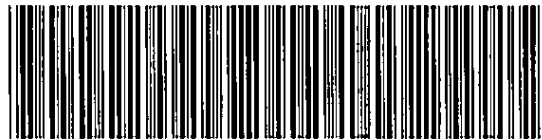
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Hope Kennedy
gave permission
to delete D/B/A Names
from 3rd page of
Doc. DC

Office Use Only



400319735364

10/17/18--01093--018 **43.75

2018 OCT 29 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Amend

10/29/18

DC

10/29/18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2018

JAMES KENNEDY
CARROLLWOOD SAINTS FOOTBALL AND CHEER
18501 AVOCET DR.
LUTZ, FL 33558

SUBJECT: CARROLLWOOD SAINTS FOOTBALL AND CHEER INC.
Ref. Number: N17000003075

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 018A00021988

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Carrollwood Saints Football and Cheer Inc.

DOCUMENT NUMBER: N17 000003075

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Kennedy, President / Athletic Director
(Name of Contact Person)

Carrollwood Saints Football and Cheer Inc
(Firm/ Company)

18501 Avocat Drive
(Address)

Lutz, FL 33558
(City/ State and Zip Code)

Carrollwood Eagles@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Kennedy at 813-480-5061
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|--|--|

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|------------|-------------------------|--|
| 1) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>PD</u> | <u>James Kennedy</u> | <u>18501 Avocet Drive</u>
<u>Lutz, FL</u>
<u>33558</u> |
| 2) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>S</u> | <u>Hope Kennedy</u> | <u>18501 Avocet Drive</u>
<u>Lutz, FL</u>
<u>33558</u> |
| 3) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>T</u> | <u>Tabi Main</u> | <u>4422 W Pearl Ave</u>
<u>Tampa, FL</u>
<u>33611</u> |
| 4) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>T/S</u> | <u>Joanne Ballester</u> | <u>11733 Marjory Ave</u>
<u>Tampa, FL</u>
<u>33612</u> |
| 5) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>P</u> | <u>Willis O Britton</u> | <u>11733 Marjory Ave</u>
<u>Tampa, FL</u>
<u>33612</u> |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>VP</u> | <u>John Durham</u> | <u>7704 S Fitzgerald</u>
<u>Tampa, FL</u>
<u>33616</u> |

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

(attach additional sheets, if necessary). (Be specific)

Amendments, approved by
quorum vote of Board of Directors
7-0 at meeting on 10/16/18.

The date of each amendment(s) adoption: 10/6/18 if other than the date this document was signed.

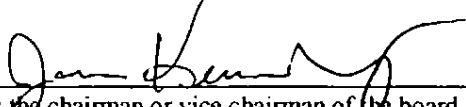
Effective date if applicable: 10/15/18
(no more than 90 days after amendment file date)

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 amendment(s) was/were adopted by the board of directors.

Dated 10/10/18

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)

James Kennedy
(Typed or printed name of person signing)

President, Athletic Director
(Title of person signing)