

N170000003700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

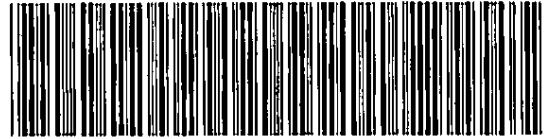
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

wrong form

Office Use Only



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09/17/18--01028--005 \*\*25.00

10/18/18--01038--009 \*\*10.00

And

R. WHITE  
OCT 23 2018

FILED  
2018 OCT 18 AM 6:45  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 1, 2018

ELLIOT BONNER  
11901 OSPREY POINT CIR  
WELLINGTON, FL 33449

SUBJECT: RAISE UP YOUTH ATHLETICS INC  
Ref. Number: N17000003722

We have received your document for RAISE UP YOUTH ATHLETICS INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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.

Rebekah White  
Regulatory Specialist II

Letter Number: 218A00020325

RECEIVED  
2018 OCT 16 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: RAISE UP YOUTH ATHLETICS INC

DOCUMENT NUMBER: N17000003722

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

Please return all correspondence concerning this matter to the following:

ELLIOT BONNER

(Name of Contact Person)

(Firm/ Company)

11901 OSPREY POINT CIR

(Address)

WELLINGTON, FL 33449

(City/ State and Zip Code)

ELLIOT.BONNER@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELLIOT BONNER

(Name of Contact Person)

at 561-568-9141

(Area Code) (Daytime Telephone Number)

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

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is  
Enclosed)

\$10.00

(~~\$25.00~~ ~~sent previously~~)

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

Articles of Amendment  
to  
Articles of Incorporation  
of

**FILED**

2018 OCT 18 AM 6:45

RAISE UP YOUTH ATHLETICS INC  
(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE  
TALLAHASSEE, FL

NM000003722

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation" 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:  
(Principal office address MUST BE A STREET ADDRESS)

ELLIOT BONNER

11901 OSPREY POINT CIR

WELLINGTON, FL 33449

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

ELLIOT BONNER

11901 OSPREY POINT CIR

WELLINGTON FL 33449

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

ELLIOT BONNER

11901 OSPREY POINT CIR

(Florida street address)

New Registered Office Address:

WELLINGTON

(City)

Florida 33449

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

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 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            | <u>P</u> | <u>ELLIOT BONNER</u>  | <u>11901 OSPREY POINT CIR</u><br><u>WELLINGTON, FL 33449</u>    |
| <input checked="" type="checkbox"/> Add       |          |                       |   |
| <input type="checkbox"/> Remove               |          |                       |   |
| 2) <input checked="" type="checkbox"/> Change | <u>V</u> | <u>SEAN BENEVIDES</u> | <u>2756 MISTY OAKS CIR</u><br><u>ROYAL PALM BEACH, FL 33411</u> |
| <input type="checkbox"/> Add                  |          |                       |   |
| <input type="checkbox"/> Remove               |          |                       |   |
| 3) <input type="checkbox"/> Change            | <u>T</u> | <u>JANELL BONNER</u>  | <u>11901 OSPREY POINT CIR</u><br><u>WELLINGTON, FL 33449</u>    |
| <input checked="" type="checkbox"/> Add       |          |                       |   |
| <input type="checkbox"/> Remove               |          |                       |   |
| 4) <input type="checkbox"/> Change            |          |                       |   |
| <input type="checkbox"/> Add                  |          |                       |   |
| <input type="checkbox"/> Remove               |          |                       |   |
| 5) <input type="checkbox"/> Change            |          |                       |   |
| <input type="checkbox"/> Add                  |          |                       |   |
| <input type="checkbox"/> Remove               |          |                       |   |
| 6) <input type="checkbox"/> Change            |          |                       |   |
| <input type="checkbox"/> Add                  |          |                       |   |
| <input type="checkbox"/> Remove               |          |                       |   |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(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 OCTOBER 8, 2018

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)

SEAN BENEVIDES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)