## N17000006373

	(Requestor's Name)	
	(Address)	
	(Address)	
-	(City/State/Zip/Phone #)	
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PICK-UP	Y WAIT	MAIL
	(Business Entity Name)	<del></del>
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Citing Officer	
Special instructions	to Filing Officer.	
PICK-UF	(Business Entity Name)  (Document Number)  Certificates of S	MAIL Status

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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 15, 2020

ELIZABETH SWEAT 12232 SOCIETY COURT JACKSONVILLE, FL 32223

SUBJECT: MHS ATHLETICS BOOSTER CLUB, INC.

Ref. Number: N17000006373

We have received your document for MHS ATHLETICS BOOSTER CLUB, INC. and your check(s) totaling S. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Florida non profit corporation. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 520A00025369

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

## . COVER LETTER

TO: Amendment Section Division of Corporations

MHS ATHLET NAME OF CORPORATION:	TIC BOOSTER CLUB	, INC.	
N17000006373 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee ar			
Please return all correspondence concerning this	s matter to the following	g:	
Elizabeth Sweat			
	(Name of Conta	ct Person)	
N/A			
	(Firm/ Com	pany)	
12232 Society Court			
	(Addres	s)	
Jacksonville, FL 32223			
	(City/ State and	Zip Code)	
manderinboosterelub@gmail.com			
E-mail address: (to b	e used for future annua	report notificat	on)
For further information concerning this matter, p	please call:		
Elizabeth Sweat		904 at	813-9225
(Name of Contact P	Person)		) (Daytime Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Flor	ida Department o	of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fe Certificate of St	ce & \$\Bigsquare\$ \$\\$43.75 \text{ Filing} atus \$\text{Certified Cop}\$ (Additional coenclosed)	y Cen opy is Cen (Ad	50 Filing Fee ificate of Status ified Copy ditional Copy is closed)
Mailing Address Amendment Section		Street Address Amendment Se	

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

MHS ATHLETICS BOOSTER CLUB, INC.

(Name of Corporation as currently filed with the Florida	a Dept. of State)		
N17000006373			
(Document Num	nber of Corporation (if ki	nown)	
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this Florida Not Fo	r Profit Corporation adopts the fol	lowing
A. If amending name, enter the new name of the corpor	ration:		
N/A			ie 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 abbreviation "Corp." or '	'Inc."
B. Enter new principal office address, if applicable:	N/A	602	202
(Principal office address MUST BE A STREET ADDRES	<u>SS</u> )	5. 5.	
		<i>i</i>	
		PA CERT	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	15 V	
(maning address and and an analysis of the ana		). TE	
		<u> </u>	
D. If amending the registered agent and/or registered o	ffice address in Florida.	enter the name of the	
new registered agent and/or the new registered office	e address:		
Name of New Registered Agent: N/A			
	(F)	orida street address)	
New Registered Office Address:			
<u>N/A</u>	<u>_</u>	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept	the obligations of the position.	
	Signature of New Regist	ered 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	$\overline{\underline{\mathbf{y}}}$ $\overline{\underline{\mathbf{y}}}$	ohn Doe like Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u> </u>	Scott Blunk	5324 Hampton Gable Ct. W. Jacksonville, FL 32257
<ul> <li>X Remove</li> <li>2) Change</li> <li>Add</li> </ul>	<u>P</u>	Brian Bradley	1757 River Plantation Lane Jacksonville, FL 32223
Remove 3 ) Change Add Remove	<u>v</u>	Celena Blunk	5324 Hampton Gable Ct. W. Jacksonville, FL 32257
4) Change x Add	<u>v</u>	Melissa Phillips	Jacksonville, FL 32258
Remove  5) Change Add  x Remove	<u>T</u>	Christine L. Kern	Jacksonville, FL 32257
6) Change × Add	<u>T</u>	Marcella Scott	10316 Nakema Drive W. Jacksonville, FL 32257
E. If amending or additional sheet		el Articles, enter change(s) here:  ary). (Be specific)	

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	·-·		<del></del>	
The date of each amendment(s) adoption: date this document was signed.	8/24/2020	<del></del>		, if other than the
Effective date if applicable:			île date)	<del></del>
Note: If the date inserted in this block does document's effective date on the Department	not meet the application of State's records.	ible statutory filing i	requirements, this dat	e will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Dated	1/4/2021
Signatu	re Elizabeth Sureat
ощи	(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)
	Elizabeth Sweat
	(Typed or printed name of person signing)

(Title of person signing)