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COVER LETTER

TO: Amendment Section Division of Corporations

WILLIAN NAME OF CORPORATION:	M. RAINES ATHLETIC	BOOSTER CLUE	3, INC.
N170000112 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and	fee are submitted for filing.		
Please return all correspondence concerning	g this matter to the followin	g:	
VALERIE CRIMES			
	(Name of Conta	ct Person)	
WILLIAM M. RAINES ATHLETIC BOC	STER CLUB, INC.		
	(Firm/ Con	ipany)	
3554 ATHERTON STREET			
	(Addres	ss)	
JACKSONVILLE, FL 32207			
	(City/ State and	Zip Code)	.
VCRIMES@YAHOO.COM			
E-mail address:	(to be used for future annua	l report notificatio	n)
For further information concerning this ma	tter, please call:		
VALERIE CRIMES		904 at	382-1051
(Name of Con	itact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou	int made payable to the Flor	rida Department of	State:
	ling Fee & S43.75 Filing e of Status Certified Cop (Additional ecentlosed)	y Certit opy is Certit (Add	60 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section		Street Address Amendment Sect	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

WILLIAM M. RAINES ATHLETIC BOOSTER CLUB, INC.

(Name of Corporation	as curre	ntly filed with the F	lorida Dept. of State)		
N17000011270					
(Docum	ient Num	ber of Corporation (i	f known)		
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statu	tes, this <i>Florida Not</i> .	For Profit Corporation ad	lopts the fo	llowing
A. If amending name, enter the new name of the	corpora	tion:			
N/A				7	rhe new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ation" or "incorpora	ted" or the abbreviation '		
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)		N/A			
Trincipal office address <u>19031 19, 7/31Ri3.1/71</u>	<i>077</i> (1.3.)				
					<u>~</u>
C. Enter new mailing address, if applicable:		NI/ 0		SEC ALL	
(Mailing address MAY BE A POST OFFICE I	<u>80X</u>)	N/A 			Ξ_
			······	<u> </u>	27
				(4) (40	_D
				033	<u> </u>
D. If amending the registered agent and/or registered agent and/or the new registered.			ia, enter the name of the	著 哲	F 3
Name of New Registered Agent:	N/A			٠٠٠٠٠	
New Registered Office Address:			(Florida street address)		
	N/A		, Florida	N/A	
		(City)	(Zip C		
New Registered Agent's Signature, if changing R hereby accept the appointment as registered agen			ept the obligations of the p	osition.	
_		Sionature of New Res	gistered 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>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	STEVEN MACKEY	PO BOX 28553
Add			JACKSONVILLE, FL 32226
X Remove			
2) Change	S	LELINDA BLAKELY-HOGANS	PO BOX 28553
Add			JACKSONVILLE, FL 32226
X Remove			
3) Change	<u> </u>	MICHELLE RAGANS	PO BOX 285553
Add			JACKSONVILLE, FL 32226
Remove			
4) Change	Р	MICHELLE RAGANS	PO BOX 28553
X Add			JACKSONVILLE, FL 32226
Remove			
5) Change	V	TAWANDA MARTIN	PO BOX 28553
X Add			JACKSONVILLE, FL 32226
Remove			
6) Change	S	ELANDRA W. JONES	PO BOX 28553
X Add			JACKSONVILLE, FL 32226
Remove			

*E: If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Changes should be noted in the following manner. Currently Steven Mackey is listed as the P and Michelle
Ragans is listed as the V and LeLinda Blakely-Hogans is listed as the S. There are some changes, Steven
Mackey and LeLinda Blakely-Hogans left the organization, Michelle Ragans was voted in as P. These should
be noted as Tawanda Martin is added as V and Elandra Jones is added as S.
, ,

May 21, 2018	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
May 21, 2018	
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 document's effective date on the Department of State's records.	e 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.	
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)	
Valerie Crimes	
(Typed or printed name of person signing)	
<u> </u>	
(Title of person signing)	