

N17000012477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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R. WHITE

JAN 03 2020

2020 JAN 03 PM 1:14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2019

MRS. CARIDAD M. PEREZ
6825 W 16 DR
HIALEAH, FL 33014

SUBJECT: GATORS BASEBALL BOOSTER CLUB, INC.
Ref. Number: N17000012477

We have received your document for GATORS BASEBALL BOOSTER CLUB, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There's not enough money to file both documents. If you are trying to change both the registered agent and the officer/director, you can file articles of amendment and do both changes on one form. Please see the enclosed information. Otherwise, please choose which document you wish to file and resubmit only that one.

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 Supervisor

Letter Number: 819A00024536

2019 DEC 23 PM 12:14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Gators Baseball Booster Club, Inc.

DOCUMENT NUMBER: N17000012477

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

Please return all correspondence concerning this matter to the following:

Caridad M. Perez
(Name of Contact Person)

Gators Baseball Booster Club, Inc.
(Firm/ Company)

6825 West 16 Drive
(Address)

Hiawatha, FL 33014
(City/ State and Zip Code)

CaridP88@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caridad M. Perez at 786-270-6003
(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 type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Gators Baseball Booster Club, Inc. 7/19/2014 PM 1:14
(Name of Corporation as currently filed with the Florida Dept. of State)

117000012477

(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**)

6825 West 16 Drive
Hialeah, FL 33014

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

Same as above

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:

Caridad M. Perez
6825 West 16 Drive
(Florida street address)

New Registered Office Address:

Hialeah, Florida 33014
(City) (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.

Caridad M. Perez
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>President</u>	<u>Caridad M. Perez</u>	<u>6825 W. 16 Ave</u> <u>Hialeah, FL 33014</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>President</u>	<u>Melissa Perez</u>	<u>1735 D.N.W. 67 Ave #301</u> <u>Hialeah, FL 33015</u>
<input checked="" type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Leonardo Gonzalez</u>	<u>14822 N.W. 87 place</u> <u>Miami Lakes, FL 33018</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>VP</u>	<u>Mercedes Rios-Barreto</u>	<u>19874 N.W. 78 Pl.</u> <u>Hialeah, FL 33015</u>
<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			

Page 2 of 4

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

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

The date of each amendment(s) adoption: 10/10/19, 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)

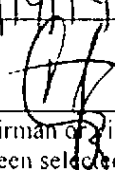
- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ 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

12/19/19

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)

Caridad M. Perez

(Typed or printed name of person signing)

President

(Title of person signing)