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SEVIELLARY OF STAFE
TALLAHASSEE, FLORIDA

AUG 0 7 2018 S. YOUNG



July 18, 2018

WILL GUNSAULUS FIVE STAR MAFIA AMATEUR BASEBALL ASSOCIA 617059 RIVER ROAD CALLAHAN, FL 32011

SUBJECT: FIVE STAR MAFIA AMATEUR BASEBALL ASSOCIATION, INC.

Ref. Number: N18000001293

We have received your document for FIVE STAR MAFIA AMATEUR BASEBALL ASSOCIATION, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 518A00014713

Division of Corporations DO DOY 6207 Mallaham Electrons

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO	N: Five Star 1	Matia 1	I mateu	r Bux	cball	ASSOCIATION
		•				
DOCUMENT NUMBER:	N 1 8 00 00	01293				
The enclosed Articles of Am	endment and fee are subm	itted for filing.				
Please return all corresponde	nce concerning this matter	r to the followi	ng:			
	Will Gor	<u>ا سال مک ۸</u> (Name of Cont				
	((Name of Cont	act Person)			
		(Firm/ Cor	npany)			
	617059		57			<u> </u>
		(Addre	ess)			
	Cullaha	(City/ State and	320	<u> </u>	·	
	((City/ State and	l Zip Code)			
	5 Star No	ational bo		<u>e um</u>	<u>lail.cm</u>	и
r.	-man address, (to be used	ioi indic am	iai report no	arrea g om	•	
For further information conc	eming this matter, please o	call:				
MIN G	INJULY) (Name of Contact Person)		at	904-	524-1	<u>370</u>
	(Name of Contact Person)	1	(Area	(Code	(Daytime	Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	yable to the Flo	orida Depart	ment of S	tate:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & I Certificate of Status	S43.75 Filin Certified Co (Additional enclosed)	ру	Certific Certific	Filing Fee cate of Stated Copy lonal Copy sed)	us
Mailing A			Street A	ddress	ın.	

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

fo "poration"

Five Star Mafia Amateur Baseball Association. Inc

NISONO 1293	ntly filed with the Flori	da Dept. of State)	
(Document Numl	ber of Corporation (if kno	own)	
Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For</i>	Profit Corporation adopts	s the following
A. If amending name, enter the new name of the corporat	tion:		
nama muet ha dietironiakakla and anal ala a			The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated"	or the abbreviation "Cor	p." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable:		AL	. . .
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		AHASSE	¥66 - 7
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	ce address in Florida, e ddress:	nter the name of the	
Name of New Registered Agent:	<u> </u>	——————————————————————————————————————	
New Registered Office Address:	(Flori	da street address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fair	Agent: niliar with and accept th	e obligations of the positic	on.
$-{Si}$	gnature of New Register	ed 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>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	<u>VP</u>	Matt Johnson	1086 Fromhart St Orange Porle FL 32073
2) Change Add X _ Remove	VP	Bill Gunsaulus	Orange Park FL 3206
3) Change Add X Remove	VP_	Lauralee Clifton	617059 River Rd Callahan FL 32011
4) Change Add Remove	10	Jamic Courson	581 É. OHIO AVC Maccleny, FL 32063
Change Add Remove	 -		
6) Change Add Remove			

If amending or adding additional Artication and the Artication and Artication	(Be specific)				
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	e date of each amendment(s) adoptions this document was signed.	n: 02 13	, if other than the
Eff	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Not doc	e: If the date inserted in this block do ument's effective date on the Departm	es not meet the applicable statutory filing requirement ent of State's records.	s, this date will not be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes east for the	amendment(s)
Ø	There are no members or members en adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) was/were
	Dated7	1 2018	
	Signature	will a	
	have not been sele	r vice chamman of the board, president or other office cted, by an incorporator – if in the hands of a received ted fiduciary by that fiduciary)	r-if directors r. trustee, or
		Will Gonsaulus	····
		(Typed or printed name of person signing)	
		Predisent (Title of person signing)	
		(Title of person signing)	