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| Special Instructions to | Filing Officer:    |                 |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION           | WOLVERINES YOU                            | JTH SOFTBALL, I       | NC.                |  |
|-------------------------------|---|-----------------------|--------------------|--|
| DOCUMENT NUMBER:              | N18000008150                              |                       |                    |  |
| The enclosed Articles of Am   |   | utted for filing.     |                    |  |
| Please return all correspond  |   |                       |                    |  |
| JESUS BERRIOS                 | ••••••••••••••••••••••••••••••••••••••    |                       |                    |  |
|                               |   | Name of Contact Po    | erson)             |  |
| WOLVERINES YOUTH S            | SOFTBALL, INC.                            |                       |                    |  |
|                               |   | (Firm/ Company        | ·)                 |  |
| 2527 WEST 76 STREET           | NO. 208                                   |                       |                    |  |
|                               |   | (Address)             |                    |  |
| HIALEAH, FLORIDA 33           | 016                                       |                       |                    |  |
| <u></u> .                     | (   | (City/ State and Zip  | Code)              |  |
| MAGGIEDEBS@GMAIL.             | СОМ                                       |                       |                    |  |
| E                             | E-mail address: (to be used               | for future annual rep | ort notification   | 1)   |
| For further information cond  | erning this matter, please c              | rall:                 |                    |  |
| MARGARITA DEBS                |   | n.t.                  | 786                | 290-9519   |
|                               | (Name of Contact Person)                  |                       | (Area Code)        | (Daytime Telephone Number)                                 |
| Enclosed is a check for the f | following amount made pay                 | able to the Florida I | Department of      | State:   |
| ☐ \$35 Filing Fee             | S43.75 Filing Fee & Certificate of Status |                       | Certif<br>s Certif | 0 Filing Fee icate of Status ied Copy tional Copy is osed) |
| Mailing 3                     | Addrace                                   | Str                   | reet Address       |  |

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

| WOLVERINES YOUTH SOFTBALL, INC.  |                          |  |
|--|--------------------------|--|
| (Name of Corporation as curre  | ntly filed with the Flor | rida Dept. of State)                       |
| N18000008150   |                          |  |
| (Document Num  | ber of Corporation (if k | (nown)                                     |
| Pursuant to the provisions of section 617.1006, Florida Statuanendment(s) to its Articles of Incorporation:  | tes, this Florida Not Fo | or Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corpora   | tion:                    |  |
|  |                          | The new                                    |
| name must be distinguishable and contain the word "corpord" ("Company" or "Co." may not be used in the name. | ation" or "incorporate   | d" or the abbreviation "Corp." or "Inc."   |
| B. Enter new principal office address, if applicable:  |                          |  |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>  | <u> </u>                 |  |
|  | -                        |  |
|  |                          |  |
| C. Enter new mailing address, if applicable:   |                          |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |                          |  |
|  |                          |  |
|  | <del> </del>             |  |
|  |                          |  |
| D. If amending the registered agent and/or registered off  | fice address in Florida  | , enter the name of the                    |
| new registered agent and/or the new registered office  | address:                 |  |
| Name of New Registered Agent:  |                          |  |
| Hame by her registered agent.  |                          |  |
|  |                          | Florida street uddress)                    |
| New Registered Office Address:   | (F                       | tortaa sireet aaaress)                     |
|  |                          | ***  |
| <del></del>  | (City)                   | , Florida<br>(Zip Code)                    |
|  | (010)                    | (My Conty                                  |
| New Registered Agent's Signature, if changing Registered   |                          | and the second                             |
| I hereby accept the appointment as registered agent. I am fo   | amutar with and accep-   | t the obligations of the position.         |
|  |                          | 281  |
|  | Signature of New People  | •  |
| •  | Signature of New Regis   | ' _ 5                                      |
|  |                          | 28   |
|  | Page 1 of 4              | हा प                                       |
|  | - mgs + VI 7             | 28 P 9                                     |
|  |                          | 7  |

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<br>c Jones<br>y Smith |                                       |
|----------------------------------|---------------------|-----------------------------|---------------------------------------|
| Type of Action<br>(Check One)    | Title               | <u>Name</u>                 | <u>Addres</u> s                       |
| 1) Change                        | VP                  | CARMEN VENTURA RUIZ         | 2527 WEST 76 STREET                   |
| Add                              |                     |                             | APT. 208                              |
| X Remove                         |                     |                             | HIALEAH, FL 33016                     |
| 2) Change                        | VP                  | ALLAN J BERRIOS VENTURA     | 2527 WEST 76 STREET                   |
| X Add                            |                     |                             | APT. 208                              |
| Remove                           |                     |                             | HIALEAH, FL 33016                     |
| 3 ) Change                       |                     |                             |                                       |
| Add                              |                     |                             |                                       |
| Remove                           |                     |                             |                                       |
| 4) Change                        |                     |                             |                                       |
| Add                              |                     |                             | · · · · · · · · · · · · · · · · · · · |
| Remove                           |                     |                             |                                       |
| 5) Change                        |                     |                             |                                       |
| Add                              |                     |                             |                                       |
| Remove                           |                     |                             |                                       |
| 6) Change                        |                     |                             |                                       |
| Add                              |                     |                             |                                       |
| Remove                           |                     |                             |                                       |
|                                  |                     |                             |                                       |

| amending or adding add<br>ttach additional sheets, if n | ecessary). (Be | specific)    |                |          |                                       |              |
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| The date of each amendment(s) ado  | ption:  | , if other than the |
|--|---|---------------------|
| ate this document was signed.  |   |                     |
| Effective date <u>if applicable</u> :  |   | <u> </u>            |
|  | (no more than 90 days after amendment file date)  |                     |
| <b>Note:</b> If the date inserted in this block locument's effective date on the Department. | k does not meet the applicable statutory filing requirements, this date will no artiment of State's records.  | t be listed as the  |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )  |                     |
| The amendment(s) was/were ado was/were sufficient for approval.                              | opted by the members and the number of votes cast for the amendment(s)  |                     |
| There are no members or member adopted by the board of director                              | ers entitled to vote on the amendment(s). The amendment(s) was/were s.  |                     |
| Dated 09/21/2018   | Busin (andere)  |                     |
| have got beer  | nan or vice chairman of the board, president or other officer-if directors a selected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary) | _                   |
| JESUS B  | ERRIOS CORDERO  |                     |
|  | (Typed or printed name of person signing)   |                     |
| PRESIDE  | ENT   |                     |
|  | (Title of person signing)   |                     |