## N1800000 8907

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As the of conversations

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	South Floric	da Flag Football Leag	ue, Inc.			
DOCUMENT NUMBER:	N1800008907					
The enclosed Articles of Amend	<i>lment</i> and fee are subr	mitted for filing.				
Please return all correspondence	concerning this matte	er to the following:				
		Dominic Grass	<b>.</b>			
		(Name of Contact Po	erson)		<del></del>	
	South Flo	orida Flag Football I.	eague, Inc.			
		(Firm/ Company	·)		<u> </u>	
	30	000 NE 5th Terrace #	315A			
	-	(Address)	· · · · · · · · · · · · · · · · · · ·		<del></del>	
		Wilton Manors, FL 3	3334			
		(City/ State and Zip	Code)			
	cc	ommissioner.sfffl@g	nail.com			
E-ma	il address: (to be used	for future annual rep	ort notification	a)		
For further information concerni	ng this matter, please	call:			ب کین دینه	
	Dominic Grasso	at	516	286-1701		** - **
(Na	me of Contact Person;		(Area Code)	(Daytime Telephor	ne Number)	, נ
Enclosed is a check for the follo	wing amount made pa	yable to the Florida I	Department of S	State:	# <b>21</b>	ر د ج
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	ne Number) 1 51 51 57 57 57 57 57 57 57 57 57 57 57 57 57	

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

South Florida Flag Football League, Inc.

Soun ric	orida riag rootbati i.	eague, mc.	
(Name of Corporation as c	urrently filed with t	he Florida Dept. of State)	
	N18000008907	· · · · · · · · · · · · · · · · · · ·	
(Document	Number of Corporati	on (if known)	
cursuant to the provisions of section 617.1006, Florida 5 mendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida</i>	Not For Profit Corporation adopts the	following
. If amending name, enter the new name of the cor	poration;		
			The new
ame must be distinguishable and contain the word "co Company" or "Co." may not be used in the name.	rporation" or "incol	porated" or the abbreviation "Corp." o	ir "Inc."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	RESS )		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	·)		
	<del>.</del>		
). If amending the registered agent and/or registere	d uffice underson in 1	Name of the second seco	وي ديم ديم
new registered agent and/or the new registered of		torida, enter the name of the	<u> </u>
Name of New Registered Agent:			
New Registered Office Address:		(l'Iorida street address)	মে <u>দ্</u> য
	(City)	Florida Florida	<del></del>
	•	may chacy	
ew Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. I	tered Agent: am familiar with and	accept the obligations of the position,	
<del></del>	Signature of Nev	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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u> </u>	Alderete, Abraham	10121 SW 5TH STREET
Add X Remove			PLANTATION, FL 33324
2) Change	π-	Conforti, Amanda	1921 NE 54th St
X Add			Fort Lauderdale, FL 33308
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			,
Add			
Remove			

f amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)

The date of each amendment(s) ad	05/24/19	
late this document was signed.	option:	, if other than the
Effective date if applicable:	05/24/19	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not partment of State's records.	t be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s) l.	
There are no members or membadopted by the board of directo	ters entitled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated	May 24, 2019	
Signature		
have not bee	man or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
	Dominic Grasso	
	(Typed or printed name of person signing)	
	Commissioner	
*	(Title of person signing)	