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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195 Phone : (850)521-1000 Fax Number : (850)558-1575

COR AMND/RESTATE/CORRECT OR O/D RESIG

ENGLEWOOD AREA LITTLE LEAGUE, INC.

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SEP 21 2009

EXAMINER

Articles of Amendment to Articles of Incorporation of

Atu	cies of theor bo	atton	·
	of		35.00
ENGLEWOOD AREA LITTLE LEAUGE, INC.			V
(Name of Corporation as currently filed with the Florida Dept. of State)			tate)
N18008			
	nber of Corporati	on (if known)	—— 灣
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of Ir		, this <i>Florida Not For</i>	Profit Corporation adopts
A. If amending name, enter the new name o	f the corporatio	n:	
ENGLEWOOD AREA YOUTH BASEBALL, I	INC.	,	
The new name must be distinguishable and cabbreviation "Corp." or "Inc." <u>"Company" o</u>	ontain the word or "Co." may not	"corporation" or "in be used in the name.	icorporated" or the
B. Enter new principal office address, if app	licable:	N/A	
(Principal office address <u>MUST RE A STREE</u>	TADDRESS)		
C. Enter new mailing address, if applicable	:		
(Mailing address MAY BE A POST OFFI		N/A	
•			
D. If amending the registered agent and/or i	registered office	address in Florida, e	nter the name of the
new registered agent and/or the new regi			
Name of New Registered Agent:		N/A	
		<u> </u>	_
New Registered Office Address:	(Flor:	ida street address)	<u> </u>
YEW RESISTERED CONICE ADDITION.	(2 10)	au si cei auu ess,	
			, Florida (Zip Code)
		(City)	(Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered position,	ng Registered A d agent. I am	gent: familiar with and acc	cept the obligations of the
	Signature of New	Registered Agent, if c	hanaina
	veneral col Men	negmered Agent, y c.	wo.Q.u.Q
	Page 1 of 3		

- " "

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) Title Name <u>Address</u> Type of Action ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) ____N/A

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The date of each amendment(s) adoption: August 28, 2009
(date of adoption is required) Effective date if applicable: Upon Filing
(no more thun 90 days after amendment file date)
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.
Dated9/4/09 Signature_ William Ahron
(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)
WILLIAM J. STIVER (Typed or printed name of person signing)
President/Director (Title of person signing)

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