N 1900000 6158

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COVER LETTER

TO: Amendment Section Division of Corporations

BRONCOS BANAME OF CORPORATION:	ASEBALL BOOSTER C	LUB INC		_
N19000006158 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are				_
Please return all correspondence concerning this	matter to the following:			
AILYN BATISTA				
	(Name of Contact	Person)		_
	(Firm/ Compa	ny)		-
222 SW 6 AVE				
	(Address)			-
FLORIDA CITY FL 3304				
	(City/ State and Zi	o Code)		-
AILYN1104@HOTMAIL.COM				,
E-mail address: (to be	used for future annual r	eport notification	n)	_
For further information concerning this matter, p	lease call:			
AILYN BATISTA	,	786 nt	304-8853	
(Name of Contact P	erson)	(Area Code)	(Daytime Telephone Number)	_
Enclosed is a check for the following amount ma	de payable to the Florida	Department of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St		Certif ris Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section		treet Address Amendment Sect	ion	
Division of Corporations		Division of Corp.		

P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BRONCOS BASEBALL BOOSTER CLUB INC.

(Name of Corporation as curre	ently filed with the Florida Dept. of State)			
N19000006158	intly med with the Fibrida Dept. of State			
(Document Num	ber of Corporation (if known)			
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following			
A. If amending name, enter the new name of the corpora	tion:			
	The new			
name must he distinguishable and contain the word "corpord" "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp." or "Inc."			
D. Catanagu mineiral office address if andicable	201			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS				
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
C. Enter new mailing address, if applicable:	्राप्त क्षेत्र क्षेत्र इत्यास			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)				
	——————————————————————————————————————			
 If amending the registered agent and/or registered off new registered agent and/or the new registered office 				
new registered agent and/or the new registered office	address:			
Name of New Registered Agent:				
None Providence I Office A Library	(Florida street address)			
New Registered Office Address:				
***************************************	. Florida			
	(City) (Zip Code)			
New Registered Agent's Signature, if changing Registered	i Agent:			
hereby accept the appointment as registered agent. I am fo	uniliar with and accept the obligations of the position.			
2	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 <math>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	PT John D Y Mike John SV SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>V</u>	NANCY RODRIGUEZ	16930 SW 300 STREET
Add			HOMESTEAD FL 33030
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		****	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, i	f necessary). (Be specific,	nange(s) here:)		
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	date of each amer this document was	signed. , if other t	han th
Effe	ective date <u>if appli</u> c	rable:	
		tno more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will not be listed as ite on the Department of State's records.	the
Ado	ption of Amendm	ent(s) (CHECK ONE)	
	The amendment(s) was/were sufficien	was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.	
	There are no meni adopted by the bo	hers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	06/26/2019	
	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)	
		AILYN BATISTA	
		(Typed or printed name of person signing)	
		P Acies h	
		(Title of person signing)	