## N20000010307

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
<b>\</b> ,,
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## COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	RATION: PALM BEACH W	OLVES SOCCER CLUB I	NC
	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre-	spondence concerning this ma	tter to the following:	
	WILFREDO MARTINEZ JR		
	<b>*****</b>	Name of Contact Persor	1
	PALM BEACH WOLVES S	OCCER CLUB INC.	
		Firm' Company	
	6394 LAUDERDALE ST		
		Address	
	JUPITER FL 33458		
		City/ State and Zip Code	:
	E-mail address: (	to be used for future annua	report notification)
For further informatio	n concerning this matter, plea-	se call;	
WILFREDO MARTI	NEZ	561-248-90	9:
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check fo	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327		Divisio	lment Section on of Corporations outre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

PALM BEACH WOLVES SOCCER CLUB INC.

THEM DISTON HOLVES SHOULD HOLD			
(Name of Corporation as currently filed with the Florida	a Dept. of State)		
N20000010307			
(Document Nun	nber of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts	the follow	ving
A. If amending name, enter the new name of the corpor	ration:		
		The n	
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp	or "Inc	ž. "
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES			
(Frincipal office address MOST BLASTREET ADDRES	<u></u>		
	-		
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			—
	<del></del>		
D. If amending the registered agent and/or registered of			
new registered agent and/or the new registered office	e address:		
Name of New Registered Agent:			
· <del></del>	(Florida street address)	<del>-</del>	
New Registered Office Address:	V. Carrier C.		
	. Florida		
	(City) (Zip Code)		_
	•		
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am	ed Agent:  Comilian with and account the obligations of the positive	1 P P	
t nevery accept the appointment as registered agent. I am	jaminur with and accept the tooligations of the position	ښ. √غ	7
		<u></u> 5	-
	Signature of New Registered Agent, if changing		
	Signature of their registered rigera, if changing	<u> </u>	
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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	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	<u>VP</u>	ELIZABETH M GRACIA	1400 CRESTWOOD CT S #1405
× Remove			ROYAL PALM BEACH FL 33411
2) Change Add	VP	SAIRA SARAVIA	3601 WATERVIEW CIRCLE LAKE WORTH FL 33461
Remove Change  X Add Remove	<u>T</u>	SAIRA SARAVIA	3601 WATERVIEW CIRCLE LAKE WORTH FL 33461
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
		······································	<del></del>
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The date of each amendment(s) adoption:			_	, if other than the
late this document was signed.	-			
Offication data if applicables				
Effective date <u>if applicable</u> :	than 90 days after an	nendment file date)		
Note: If the date inserted in this block does not me locument's effective date on the Department of Sta	et the applicable statute ite's records.	ory filing requiremen	its, this date will no	t be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.			
Dated 614 202			
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)			
(Typed or printed name of person signing)			
(Title of nerson signing)			