N77000002405

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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

•

Lehigh Raiders For NAME OF CORPORATION:	ootball Association, Inc	c.	•••	
DOCUMENT NUMBER:				
The enclosed <i>Articles of Amendment</i> and fee are s				
Please return all correspondence concerning this m	natter to the following:			
Hector Rivera				
	(Name of Contact I	Person)		
	(Firm/ Compar	ny)		
19433 NW 23rd Street				
	(Address)			
Pembroke Pines, FL, 33029				
	(City/ State and Zip	Code)		
hector_rivera192@yahoo.com				
E-mail address: (to be u	sed for future annual re	eport notifi	cation)	
For further information concerning this matter, plea	ase call:			
Hector Rivera	-1	239 it	225	5-3200
(Name of Contact Pers	son)	(Area Co	ode) (Di	ytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Florida	i Departme	nt of State	:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu		is C	52.50 Fili Certificate Certified C Additional Enclosed)	of Status opy
Mailing Address Amendment Section		treet Addr mendment		
Division of Corporations		ivision of (ns

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Lehigh Raiders Football Association, Inc.

(Name of Corporation as currently filed with the Flor	ida Dept. of State)	
N22000002405		
(Document N	umber of Corporation (if kn	own)
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
	.	The new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	poration" or "incorporated"	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRI	ESS)	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florida, o	enter the name of the
Name of New Registered Agent:	<u> </u>	
Same by New Registered Agent.		
	(Flo.	rida street address)
New Registered Office Address:		
	(2)	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. Tai		he obligations of the position.
	,	
	Signature of New Register	red Avent, 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	PT John De V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>T</u>	Alexsis Fairweather	1400 W 5th Street Lehigh Acres, FL, 33972
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove 51 Change Add Remove			
6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
	• • • • • • • • • • • • • • • • • • • •		

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The date of each amendment(s) adoptio	n:				if other than the
date this document was signed.			<u> </u>		, ir outer dans the
Effective date <u>if applicable</u> :	(no more than 90 c	days after amendn	nent file date)		-1
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the app	olicable statutory f			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)

Dated	03/18/2022
Signatur	AAR
g	(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)
	Hector livera
	(Typed or printed name of person signing)