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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	ASEBALL OB, IN				
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are su	bmitted for filing.				
Please return all correspondence concerning this ma	tter to the followin	g:			
Abraham C. McKinnon, Esquire					
1887 - 1	(Name of Conta	ct Person)		····	
Korey, Sweet, McKinnon & Simpson					
	(Firm/ Com	pany)			
595 W. Granada Blvd., Suite A					
	(Addres	s)			
Ormond Beach, FL 32174					_
<del></del> _	(City/ State and	Zip Code)			SECAS TALL
lynn@mckinnonandmckinnonpa.com					
E-mail address: (to be use	ed for future annua	l report no	itification	n)	- <del> </del>
For further information concerning this matter, please	se call:				0.000 E
Abraham C. McKinnon, Esquire		386 at		677-3431	E STAT
(Name of Contact Perso	on)	(Area	i Code)	(Daytime Telepho	one Number) <sup>[77]</sup>
Enclosed is a check for the following amount made	payable to the Flor	ida Depart	ment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		y'	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street An Amendm Division The Cen	ent Sect of Corpo		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

ELITE YOUTH BASEBALL OB, INC.

(Name of Corporation as currently filed with th	ie Florida Do	ept. of State)		
N22000007727				
(Docu	ment Number	r of Corporatio	n (if known)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes	, this <i>Florida i</i>	Not For Profit Corporati	on adopts the following
A. If amending name, enter the new name of th	ne corporatio	on:		
N/A				The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		on" or "incorp	oorated" or the abbreviat	ion "Corp." or "Inc."
B. Enter new principal office address, if application	able:	N/A		
(Principal office address MUST BE A STREET A				
	-			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	S BOX)	N/A		SEC. 2128
	<del>-</del>			
				<del></del>
D. If amending the registered agent and/or reginew registered agent and/or the new registered.			lorida, enter the name o	fthe more \$
	N/A	<u>uress.</u>		四英
Name of New Registered Agent:				· · · · · · · · · · · · · · · · · · ·
	N/A			_
New Registered Office Address	Ţ.		(Florida strect address)	
			, Flo	orida
		(City)	(	Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			accept the obligations of	the position.
-	Sier	nature of New	Revistered Agent if char	

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: XChange X Remove X Add	PT         John Do           V         Mike Jo           SV         Sally St	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>st</u>	Ann Marie Bethea	42 Broadriver Road Ormond Beach, FL 32174
X Remove			
2) Change X Add	ST	Brandi Nicole Sheffield	106 Elissar Drive Debary, FL 32713
Remove 3 ) Change Add Remove			
4) Change Add			SECKL)
Remove 5) Change Add			ATTAC STATE
Remove  6) Change Add			
E. If amending or addir (attach additional shee		cles, enter change(s) here: (Be specific)	

Effective date if applicable:	ent file date)
date this document was signed.	. in paper than the
The date of each amendment(s) adoption:	TA A Thomas Control of the Control o
	7
	TLAN -S
	SECRETARY OF STATES TALL MINN, SEE, FL.
<u></u>	
	Make 2111-1995
•	

(CHECK ONE)

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

Adoption of 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.					
Dated 6-8-2023 Signature Moul E					
(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)					
Ned Clymer					
(Typed or printed name of person signing)					
President					
(Title of person signing)					

SECNE VIOLOGE STATE