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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	⊕ #)
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(<u>8</u> u	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Music City Co	ollegiate League Inc
N22000011537 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee at	re submitted for filing.
Please return all correspondence concerning this	
Ryan Moore	s matter to the following.
Kyan Woole	
	(Name of Contact Person)
	(Firm/ Company)
	(Firm/ Company)
2722 Manatee Ave W	
	(Address)
Bradenton, FL 34205	
	(City/ State and Zip Code)
rmoore@prodigyresults.com	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	olease call:
Ryan Moore	941-737-036 ²
(Name of Contact P	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
■ \$35 Filing Fee □ \$43.75 Filing Fe Certificate of St	
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Flo	rida Dept. of State)	
Music City Collegiate League Inc		
(Document	Number of Corporation (if I	(nown)
Pursuant to the provisions of section 617.1006, Florida 9 amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not F	or Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
Scenic City Collegiate League Inc		The new
name must be distinguishable and contain the word "co." "Company" or "Co." may not be used in the name.	rporation" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)	
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 of		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(F	lorīda street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, it changing Regist I hereby accept the appointment as registered agent. It		the obligations of the position.
	Signature of New Regis	tered 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	<u>V</u>	<u>John Doe</u> Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3)			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional sheet	g addition s, if necess	al Articles, enter change(s) here: eary). (Be specific)	
			·

		
		
		
		
	•	
		
		 :
The date of each amendment(s) adopti date this document was signed.	on: 02/08/2024	, if other than the
Effective date if applicable:		
п прристис.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block de document's effective date on the Department.	pes not meet the applicable statutory filing requirements, this date will not be nent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of votes east for the amendment(s)	

Dated	02/08/2024
22 4100	\overline{R}
Signature	
	(By the chairman of 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)
	Ryan Moore
	(Typed or printed name of person signing)
	Director

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were