## N23000000903

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2023 SEP 18 AH 9: 0

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Hawthorne Quarter	back Club, Inc		
N23000000903  DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Lisa Collins			
	(Name of Contact Per	son)	
Hawthome Quarterback Club, Inc			
	(Firm/ Company)	<u> </u>	
P.O. Box 191			
	(Address)		
Hawthorne, FL 32640			
	(City/ State and Zip C	ode)	
Hawthornequarterbackclubinc@gmail.com			
E-mail address: (to be us	ed for future annual repo	rt notification	1)
For further information concerning this matter, please	se call:		
Lisa Collins	: at	352	219-7853
(Name of Contact Perso			(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida D	epartment of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status		Certifi Certifi	O Filing Fee icate of Status icd Copy tional Copy is esed)
Mailing Address Amendment Section		et Address endment Secti	ion
Division of Corporations	Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of



Hawthorne Quarterback Club, Inc.

. .

2023 SEP 18 AM 9:00

N23000000903			
(Document Nu	ımber of Corporation (if kn	own)	<u> </u>
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not Fo	Profit Corporation add	opts the followin
A. If amending name, enter the new name of the corpo	oration:		
N/A			The nev
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated	" or the abbreviation "C	Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A		
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(SS</u> )		
			-
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	N/A 		
D. If amending the registered agent and/or registered	office address in Florida	enter the name of the	
new registered agent and/or the new registered offi			
Name of New Registered Agent: N/A			
V D 1 1022 111	(Fle	orida street address)	<u> </u>
<u>New Registered Office Address</u> : N/A		,	N/A
15/74	(City)	, Florida <u>.</u> /Zip Co	vde)
	/ C /	(zij) Ci.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		the obligations of the po	sition.
and the street of the street o	,	and the second s	
	Signature of New Registe	red 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 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>PT</u> <u>V</u> <u>SV</u>	John Doo Mike Jor Sally Sm	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
Change Add	_	_		
Remove			-	
2) Change Add		_	<u> </u>	
Remove 3 )		_		
4) Change Add		_		
Remove				
5) Change Add	<del></del>	_		~
Remove				
6) Change Add	<del></del>	_		
Remove				
E. If amending or addit (attach additional shee			cles, enter change(s) here: (Be specific)	
Amend Article III				
Said organization is orga	nized exe	dusively f	or charitable, religious, educational, and scien	tific purposes, including, for such
purposes, the making of	distributio	ons to orga	anizations that qualify as exempt organization	s described under Section 501(c)(3)
of the Internal Revenue C	Code, or c	correspond	ling section of any future federal tax code.	
Unon the dissolution of t	he organi	zation ass	sets shall be distributed for one or more exem	of purposes within the meaning of

distributed to the federal government, or to a state or local government, for a public	c purpose.	
3 1		<del>.</del>
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The date of each amendment(s) adoption:date this document was signed.		if other than th
Effective date if applicable: 9/12/23		

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

(CHECK ONE)

document's effective date on the Department of State's records.

Adoption of Amendment(s)

		bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
. , .	Dated	9/12/23
	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)
		Lisa Collins
		(Typed or printed name of person signing)
		Director
		(Title of person signing)