N23000007935

(Req	uestor's Name)	-
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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Florida Pickleball Lo DN:	eagues. Inc.			
DOCUMENT NUMBER:	N23000007935				
The enclosed Articles of Am	endment and fee are sub	mitted for filing.			
Please return all corresponde	nce concerning this matte	er to the following:			
Aaron Thalwitzer, Esq.					
		(Name of Contact Person	n)		
Gordon & Thalwitzer, Attor	ney at Law				
	-	(Firm/ Company)			
299 N. Orlando Ave.					
		(Address)			
Cocoa Beach, FL 32931				SEC TA	2024
		(City/ State and Zip Cod-	c)	RET	2024 NOV 13
aaron@brevardlegal.com				RETARY OF ST	
E.	-mail address: (to be used	for future annual report	notification)	T S C C C C C C C C C C C C C C C C C C	PM 4: 16
For further information conc	erning this matter, please	call:		STA:	-
Aaron Thalwitzer, Esq.		32 at	1 799-4777	. LE	σ
((Name of Contact Person		rea Code) (Daytime Telepho	one Number)
Enclosed is a check for the fo	ollowing amount made pa	ayable to the Florida Depa	artment of State;		
S35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)		
P.O. Box 6	nt Section f Corporations	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	.	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Florida Pickleball Leagues, Inc.

ration adopts the following
The new
viation "Corp," or "Inc."
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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	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	Louise Peters	3730 Big Pine Rd. Melbourne, FL 32934
x Remove			
2) Change Add	<u>D</u>	Tommy Morris	201 International Dr. #423 Cape Canaveral, FL 32920
X Remove 3) Change Add Remove	D	Jane McDonald	3020 N. Atlantic Ave. #C T CH Cocoa Beach, FL 32931 CH COCOA Beach, FL
4) Change × Add	<u>D</u>	Anthony Scribona	31 Emerald Lake Ct. Palm Coast, FL 32137
Remove			FAT 16
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

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date of each amendment(s) adoption:this document was signed.	
	, if other than (
ctive date <u>if applicable</u> : (no more than 90 days after amendment file date)	, if other than
	, if other than
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	
ption of Amendment(s) (CHECK ONE)	

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

	October 17,2024
Dated	
Signatur	Diane Schullstrom
J	(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)
	Diane Schullstrom
	(Typed or printed name of person signing)

(Title of person signing)

Docusign Envelope ID: B7D7050E-AA90-4FB5-9C44-09145C07A94C ...

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TALLAHASSEE, FL