N23000010746

(Re	questor's Name)	- <u></u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Spartans Base ball Booster Club INC.
DOCUMENT NUMBER: N23000010746
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
Spartans Baseball Booste Club Finc. (Firm/ Company)
DILOTO EN 13TOR Ten
A. CI 37077
(City/ State and Zip Code) the ridge president Damai wm E-mail address (to be used for future address report notification)
For further information concerning this matter, please call:
Elizabeth Hernandez 11 786 493 0311
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The 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 Florida D	ept. of State)		
1/23/00/05/	0746		
(Document Numbe	r of Corporation (if known)		•
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit C	orporation adopts the following	g
A. If amending name, enter the new name of the corporation	<u>on:</u>		
	<u> </u>	The new	,
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	on" or "Incorporated" or the a	bbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable:	···	202	-
(Principal office address MUST BE A STREET ADDRESS)	\varnothing	4 SE	ĺ
		<u></u>	441220 441220
			; ₹=1
C. Enter new mailing address, if applicable:	\sim	PH	[
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		- Ω	_ C@C#
	/		
			_
D. If amending the registered agent and/or registered office	anddress in Florida anter the	name of the	
new registered agent and/or the new registered office ac	<u>ldress:</u>	: name or the	
Name of New Registered Agent:	\mathcal{A}		
Name of New Registered Agent.	——————————————————————————————————————		-
	(Florida street c	address)	-
New Registered Office Address:			
		, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent. I am fan	ulliar with and accept the obliga	itions of the position.	
Sic	enature of New Revistered Agen	t. if chanving	-

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		Doc Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	SAA	Cardido Vida	14600 SW 49M ST.
2)ChangeAdd		Ada canto	19140 Flan Pro
Remove 3) Remove Add Remove	T	Nancy Ascanio Cabre	2522 SW 1137 25 Migni, Fl. 33165W
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		ticles, enter change(s) here: (Be specific)	
			<u> </u>

		
		2024 TA
		A SEP
		30 P
The date of each amendment(s) add date this document was signed.	option:	, if other than the
Effective date if applicables	9/24/24	
approxime.	(no more than 90 days after amendment file date,)
	k does not meet the applicable statutory filing requires	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	

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

<u>`</u>	There are no me adopted by the b	mbers or members entitled to vote on the amendment(s). The amendment(s) was/were oard of directors.
	Dated	9/24/24
	Signatur	
		(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)
		Elizabeth Hernandez
		(Typed or printed name of person signing)
		Problem

(Title of person signing)

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