Mahonoongi

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100435079861

08/22/24--01017--014 **52.50



COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: DIAZ BASEBAll by the Glades
DOCUMENT NUMBER: N2400000 194
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dale Clark
(Name of Contact Person)
Diaz Baseball by the Glades (Firm/Company)
SIY6 NW 58th TER N (Address)
CORAL Springs, FL 33067 (City/State and Zip Code)
(City/ State and Zip Code)
delectork 52@ gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dale Claer (954) 253-4226
(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 Certificate of Status Certified Copy (Additional copy is enclosed) \$\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment Section

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

DIAZ Baseball by the	Glades
(Name of Corporation	as currently filed with the Florida Dept. of State)
N2400000194	
(Dосш	nent Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:
Glades Baseball Ge	P The new
	d "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applica</u> Principal office address <u>MUST BE A STREET A</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	80X) FIL FIL FIL
 If amending the registered agent and/or registered agent and/or the new register 	stered office address in Florida, enter the name of the control of
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with and accept the obligations of the position.
-	Signature of New Registered 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 <math>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>Mik</u>	n Doe te Jones ty Smith			
Type of Action (Check One)	Title	Name	<u>Addres</u> s		
1) Change Add	<u>VP</u>	NICK DIAZ	2650 NW 98th LN Coral Springs, FL 33065		
2) Change Add Remove	<u> 5ec</u>	LORI CAPTER	(GRA) Springs, FL 3307		
3) Change Add Remove					
4) Change Add Remove					
5) Change Add Remove					
6) Change Add Remove					

(attach additional sheets, if necessary).	(Be specific)				
			· · · · · · · · · · · · · · · · · · ·		
·					
				·	
					
		· · · · · · · · · · · · · · · · · · ·			
				<u>-</u>	
	<u>.</u>				
			·		
	<u></u>				
	· · · · · · · · · · · · · · · · · · ·				
					
	,			·	

The	e date of each amendment(s) adoption:	, if other than the
date	e this document was signed.	
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	ie: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ument's effective date on the Department of State's records.	be listed as the
Ado	option of Amendment(s) (CHECK ONE)	
Ħ	The amendment(s) was/were adopted by the members and the number of votes cast for the 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 8-19-24	
	Signature COO	
	(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)	
	Dale Clark (Typed or printed name of person signing)	
	President	
	(Title of person signing)	