7/9/24, 8:24 AM

Plorida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000232434 3)))



H240002324343ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Ema41	Address:			
	AGGLE22:			

COR AMND/RESTATE/CORRECT OR O/D RESIGN SAINT AUGUSTINE YOUTH ATHLETIC ASSOCIATION, INC

PECEIVED

PART -9 PAR: 14

PERMIT - 14

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

SAINT AUGUSTINE YOUTH ATHLETIC ASSOCIATION, INC						
DOCUMENT NUMBER: N24000001413						
The enclosed Articles of Amendment and fee are sub-	nitted for filing					
·						
Please return all correspondence concerning this matte	Please return all correspondence concerning this matter to the following:					
M	like Town					
	(Name of Contact Perso	n)				
Legalz	coom.com, Inc.					
	(Firm/ Company)					
9900	Spectrum Dr					
	(Address)					
Austi	in, TX 78717					
	(City/ State and Zip Cod	e)				
wolfebrandon32@gmail.com	. • •					
E-mail address: (to be used	for future annual report	notification)				
For further information concerning this matter, please	call:					
Mike Town	800 at (773-0888 ext. 9724				
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)				
Enclosed is a check for the following amount made pay	yable to the Florida Depa	nument of State:				
□ \$35 Filing Fee □ \$43.75 Filing Fee & I Certificate of Status		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)				
Mailing Address Amendment Section. Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle				

Tallahassee, FL 32301

From: James Wiseman

Articles of Amendment to Articles of Incorporation of

	r filed with the Florida Dept, of State)	
N24000001413		
(Dосш	ment Number of Corporation (if known)	
Pursuant to the provisions of section 617.10 unendment(s) to its Articles of Incorporation	006, Florida Statutes, this Florida Not For Profit Corporation adopts on:	the follow
A. If amending name, enter the new name	ne of the corporation:	
name must be distinguishable and contain t "Company" or "Co." may not be used in t	the word "corporation" or "incorporated" or the abbreviation "Corp. he name.	The n
3. Enter new principal office address. if Principal office address <u>MUST BE A STI</u>	applicable; REET ADDRESS)	
		
Enter new mailing address, if applica (Mailing address MAY BF, A POST ())		_
		
	-	
If amending the registered agent and/ new registered agent and/or the new registered.	or registered office address in Florida, enter the name of the registered office address;	
). If amending the registered agent and/new registered agent and/or the new i	or registered office address in Florida, enter the name of the registered office address:	
Name of New Registered Agent:	or registered office address in Florida, enter the name of the registered office address: (Florida street address)	
new registered agent and/or the new r	registored office address: (Florida street address)	
Name of New Registered Agent:	registered office address:	

Page 1 of 4

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>Y</u> <u>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l) Change	P/D	BRANDON WOLFE	831 Queen Rd
Add			Saint Augustine, FL 3286
X Remove			
2) Change	P/D	Lekenzey Siddell	831 Queen Rd
X Add			Saint Augustine, FL 3286
Remove			
3) Change	V/D	Kristopher Smith	831 Queen Rd
X Add			Saint Augustine, FL 3286
Remove			
4) Change	S/D	KELLY O'DONNELL	831 Queen Rd
Add			Saint Augustine, FL 3286
X Remove			
5) Change	S/D	Sandra Odonnell	831 Queen Rd
X Add			Saint Augustine, FL 3286
Remove			
6) Change			
Add			
Remove			

lf amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)			
				
			•	
				
		زري	20	
		25 03.0	74 J	4
			2024 JUL	
		77 - C	-9	
·		35C		
		- (Т! т (т) ў		
		 ;		
				
···				

Page 3 of 4

The date of each amendment(s) adoption: 04/29/2024				
date	this document was signed.			
Eff	ective date if applicable:		_	
		(no more than 90 days after amendment file date)		
Add	option of Amendment(s)	(CHECK ONE)		
=	The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)		
	adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) was/were		
	Dated Signature Mill 8	2024		
	Will 8			
	(By the chairman or have not been sele	r vice chairman of the board, president or other officer-if directors eted, by an incorporator – if in the hands of a receiver, trustee, or ted fiduciary by that fiduciary)	_	
	Michael Odonnell			
	(Турс	d or printed name of person signing)		
	Treasurer	,		
	*** *** **** **** **** ****	(Title of person signing)		