N24000005363



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PLEASE FIND AMENDENTS TO ST. LUCIE SELECT INC ATTACHED. CONTACT PHONE NUMBER IS 772-626-9481, RETURN ADDRESS IS 564 NW INTERPARK PLACE, PORT SAINT LUCIE, FL 34986. THANK YOU, FALLON TILTON.

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	T INC		
N24000005363 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sul	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
FALLON TILTON			
	(Name of Contact Pers	on)	-
	(Firm/ Company)	<u>-</u>	
564 NW INTERPARK PLACE			
	(Address)	•	
PORT SAINT LUCIE, FLORIDA 34986			
	(City/ State and Zip Co	de)	· • • •
SLSBASEBALLFL@GMAIL.COM			
E-mail address: (to be use	d for future annual repor	t notificatio	n)
For further information concerning this matter, pleas	e call:		
FALLON TILTON	at	72	626-9481
(Name of Contact Person	n) (<i>i</i>	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida De	partment of	State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certit Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		t Address	
Amendment Section Division of Corporations		idment Section of Corpo	
P.O. Box 6327			allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ST LUCIE SELECT				
Name of Corporation as currently filed with the Florida	Dept. of State)			
N24000005363		_	_	
(Document Nun	ber of Corporation	ı (if known)		-
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	ntes, this <i>Florida N</i>	ot For Profit Corporation	r adopts the	following
A. If amending name, enter the new name of the corpor.	ation:			
				The new
name must be distinguishable and contain the word "corpor" (Company" or "Co," may not be used in the name.	ration" or "incorp	orated" or the abbreviatio	m "Corp." c	or "Inc."
			() 	[2]
B. Enter new principal office address, if applicable:	~		<u> </u>	
(Principal office address MUST BE A STREET ADDRES	<u>S</u>)			
				
C. Enter new mailing address, if applicable:				==
(Mailing address MAY BE A POST OF FICE BOX)				क्
				. <u>s</u>
				<u>-</u>
	_			
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	ffice address in Fl e address:	orida, enter the name of	the	
Name of New Registered Agent				
		(Florida street address)		
New Registered Office Address:		(F fortila street daaress)		
		Flo	rida	
-	(City)	110	rida <u> </u>	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ed Agent:	accept the obligations of t	he position.	
	Signature of New	Registered Agent, if chang	ging	

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 Şally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	VP	DENNIS PORCELLI, JR	564 NW INTERPARK PLACE PORT SAINT LUCIE, FL 34986
Remove			
2) Change Add	SEC	JOSEPH SHAKRA	564 NW INTERPARK PLACE PORT SAINT LUCIE, FL 34986
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	

The date of each amendment(s) adoption: O 24 2024 if other than the date this document was signed.
Effective date if applicable:
Effective date if applicable:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption 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.

, 2 × ×

Dated	09/24/2024
· /mcd	
Signatu	
	(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)
	FALLON TILTON
	(Typed or printed name of person signing)