## N26384

(Requ	estor's Name)	
(Addr	ess)	
(Addre	ess)	
(City/9	State/Zip/Phone	#)
(On)/C	stoter Eiph Tione	~-)
PICK-UP	MAIT	MAIL
		_
(Busir	ess Entity Nam	e)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	
, ,	<u>-</u> .	

Office Use Only



900412619019

07/21/23--01018--009 +\*35.00

TANEL COME

## **COVER LETTER**

TO: Amendment Section.
Division of Corporations

NAME OF CORPORATI	OVIEDO LIONS Y	OUTH FOOTBALL	, <u> </u>	···	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER:	N26384				
The enclosed Articles of Ar					
Please return all correspond	lence concerning this matt	ter to the following:			
LINDSEY DESOTO					
<del></del>	· · · · · · · · · · · · · · · · · · ·	(Name of Contact	Person)		
OVIEDO LIONS YOUTH	FOOTBALL				
		(Firm/ Compar	nv)	<del></del>	
10 W VILLAGE DRIVE		, ,	.,		
		(Address)			.,
OVIEDO, FL 32765					
		(City/ State and Zip	Code)		
OVIEDOPWTREASURE	t@GMAIL.COM				SECIVITY 21
	E-mail address: (to be used	d for future annual re	eport notific	cation)	25: 2
For further information con	cerning this matter, please	e call:			
LINDSEY DESOTO		a	407 t	209-7171	21 ST
· · · · · · · · · · · · · · · · · · ·	(Name of Contact Person			de) (Daytime Telep	hone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	Departmer	nt of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fed Certified Copy (Additional copy enclosed)	is C	52.50 Filing Fee Pertificate of Status Pertified Copy Additional Copy is Enclosed)	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address** 

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

OVIEDO LIONS YOUTH FOOTBALL

Name of Corporation as currently filed with the Flori N26384			
(Document No	imber of Corporation (if know	n)	
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Pr	ofit Corporation adopts	the following
a. If amending name, enter the new name of the corpo	orațion:		
N/A			The new
ame must be distinguishable and contain the word "corp Company" or "Co." may not be used in the name.	oration" or "incorporated" o	r the abbreviation "Corp.	" or "Inc."
B. Enter new principal office address, if applicable:	N/A		
Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS</u> )		
	<del></del>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		<del></del>
). If amending the registered agent and/or registered	office address in Florida ont	or the name of the	
new registered agent and/or the new registered offi		er the name of the	FO:
Name of New Registered Agent: N/A			11-11-11-11-11-11-11-11-11-11-11-11-11-
	(Florida	ı street address)	
New Registered Office Address:			111 (7 
		, Florida (Zip Code)	<u> </u>
ew Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I as	red Agent:		<b>n</b> .
	Signature of New Registered	l Agant 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 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	nes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>CM</u>	GENE MANNING	PO BOX 620758 OVIEDO, FL 32762
× Remove			
2) Change Add	<u>CM</u>	JEFFREY CRAWLEY	PO BOX 620758 OVIEDO, FL 32762
x Remove 3) Change Add Remove	<u>S</u>	JENNIFER MANNING	PO BOX 620758 OVIEDO, FL 32762
4) Change Add	<u>S</u>	MICHELLE DIAZ	PO BOX 620758
Remove  5) Change Add Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
NEW CHANGE OF CO	MMISSIONER AI	ND SECRETARY	

	,
	· · · · · · · · · · · · · · · · · · ·
	2723 ·
	2
	JUL 21 PH 12: 45
	TA to
	1 1 0.
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 7/18/2023	
(no more than 90 days after amendment	file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
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.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
7/18/2023 Dated
Signature Lindson De Paul
(By the chairman or vice chairman of the board, president of 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)
LINDSEY DESOTO / JOSHUA DEJOTO
(Typed or printed name of person signing)
TREASURER / President.
(Title of person signing)

SECTALIAN TO FL