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SECRETARY OF STATE.
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ST. LULIE COUNTY Youth baseball Inc.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Danyel Jones Name of Contact Person
Firm/ Company
904 DEatherbee RU
Ft Pierce F1 34983  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (772) 215.3433  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee Scrifficate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Scrifficate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section  Street Address Amendment Section

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

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

Articles of Amendment

Articles of Incorporation (Document Number of Corporation (if known) (Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the Following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. 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 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 L           V         Mike J           SV         Sally S	<u>lones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	P	Adam Hutchinson	330 Sincise DC Fort Pleice, F1349415
Remove  2) Change Add		Barbara Datson	1903 Math Blvcl Fort Piera, Fl 34945
Remove 3) Change Add	<del>-</del>		
Remove  4)ChangeAdd	7	Peter Pizzarello	1312 Lone Pine Dr Ft. Pierra, Fr 34782
Remove  Change Add	$\perp$	Derin Dayer	5809 Tangelo Dr Et. Pierce, DI 34983
Remove 6) Change Add			
E. If amending or additional sheet		ticles, enter change(s) here: (Be specific)	
	LIA		

	<del></del>	
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The date of each amendment(s) adoption:	, if other than the	
date this document was signed.		
Effective data if applicables		
Effective date if applicable: (no more than 90 days after amendment)	nt file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory fillidocument's effective date on the Department of State's records.	ng 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.			
Dated 9 1 1 1 7 0 7 1			
Signature			
(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)			
(Typed or printed name of person signing)			
$\bigvee Q$			

(Title of person signing)

SECRETARY OF STATE