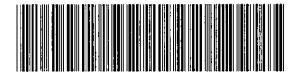
## N31356

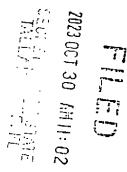
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:  Theoriec + Torm

Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:
N31356 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nicole Burr
(Name of Contact Person)
Hobe Sound Little League
(Firm/ Company)
PO Box 1892
(Address)
Hobe Sound, FL 33475
(City/ State and Zip Code)
hsll.treasurer@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nicole Burr 772 971-5714
(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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 32314 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

FILED

Hobe Sound Little League Inc 2023 OCT 30 AMII: 02 (Name of Corporation as currently filed with the Florida Dept. of State) N31356 (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: (Florida street address) New Registered Office Address: \_, Florida \_ (Zip Code) 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	<u>V</u> <u>Mike</u>	Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>s</u>	Jennifer Owens	4988 SE Mariner Garden Circle
xxx Remove			Stuart, FL 34997
2) Change Add	<u>S</u>	Nicole Bernhard	6104 SE Crooked Oak Ave Hobe Sound, FL 33455
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add	<u></u>		
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional sh	ding additional A neets, if necessary	articles, enter change(s) here:  ). (Be specific)	
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	10.01.00==			
The date of each amendment(s) adop	10/01/2023			if ather then the
date this document was signed.		<del></del> -		_, ii omer man me
Effective date if applicable:				
	(no more than 90 days a	tier amendment ble date		
	Government so diving the	т ителитет јие ашеј		
Note: If the date inserted in this block	does not meet the applicable	statutory filing requirer	nents, this date will not	he listed as the
document's effective date on the Depart	tment of State's records	- mesonory annig requirer	acino, uno date will hot	oe usica as the
	o 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.

Dated	12/18/2023
Signatur	(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)
	Nicole Burr
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)  Treasurer



November 7, 2023

NICOLE BURR PO BOX 1892 HOBE SOUND, FL 33475

SUBJECT: HOBE SOUND LITTLE LEAGUE, INC.

Ref. Number: N31356

We have received your document for HOBE SOUND LITTLE LEAGUE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NONPROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Y correct form enclosed. Thank You!

Letter Number: 423A00025850

Division of Company tiers D.O. DOY GOOD TO U.S.