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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FIVE S	tar Booster Club
	\ - -
DOCUMENT NUMBER: NAL COOC	1281
The enclosed Articles of Amendment and fee are sul	bmitted for filing.
Please return all correspondence concerning this mat	iter to the following:
Keny Smanwood	(Name of Contact Person)
7	(Name of Contact Person)
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Jacksonville, Fl	(City/ State and Zip Code)
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fsbctreasxy@gm	ed for future annual report notification)
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For further information concerning this matter, pleas	e call:
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\$35 Filing Fee \$\$\sumsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\sin\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\text{\$\subsymbol{\subsymbol{\text{\$\sin\text{\$\subsymbol{\subsymbol{\text{\$\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\sin\symbol{\subsymbol{\subsymbol{\subsymbol{\sin\symbol{\sin\sin\symbol{\sin\symbol{\sin\symbol{\sin\symbol{\sin\symbol{\sin\symbol{\sin\symbol{\sin\symbol{\sin\symbol{\sin\symbol{\sin\sin\sin\sin\sin\sin\sin\sin\sin\sin	\$\times \begin{array}{cccccccccccccccccccccccccccccccccccc
Mailing Address	Street Address

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

Five Star	Booster Club my man
(Name of Corporation as o	currently filed with the Florida Dept. of State)
N966600	04281
(Document	t Number of Corporation (if known) 2013 JUL 15 75 13
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following FALL AMASSEE. FLURICA
A. If amending name, enter the new name of the cor	rporation:
W	A The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	× N/A
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent:	NIA
<u>New Registered Office Address:</u>	(Florida street address)
<u> </u>	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent.	istered 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>	Doc : Jones v Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add		Howard Elmore	JACKSONVILLE FL 32
2) Change Add		CRYSTAL ELMORE	JACKSONVILLE, FL 8222
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6)ChangeAdd			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
(attach additional sheets, if necessary).	(Be specific)					
						

٠	The date of each amendment(s) adoption: 71912019 date this document was signed.	_, if other than the
	Effective date if applicable: 7/9/2019 (no more than 90 days after amendment file date)	
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e 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 71912019	
	Signature Mally Smellwood	_
	(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)	
	President	
	(Title of person signing)	