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SECRETATE OF CORPORATIONS
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COVER LETTER

Division of Corporations NAME OF CORPORATION: St. Peters burg High School 1B Boosters, Inc.

DOCUMENT NUMBER: N9800006241 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David Pinto
Name of Contact Person St. Petersburg High School 1B Boosters, Firm/Company 2501 5th Auc N Address St. Petersburg FL 33713
City/ State and Zip Code dave @ weega/lery, com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727) 480 · 9804

Area Code & Daytime Telephone Number 1) avid 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 Certified Copy Certificate of Status

(Additional copy is

enclosed)

Mailing Address

TO: Amendment Section

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

Street Address

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

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment

to

Articles of Incorporation

of

St. Petersburg High	School 1B Boo	sters Inc.	•
(Name of Corporation as	currently filed with the Florida Dept.	of State)	
N9800006241			
(Documer	Number of Corporation (if known)		
Pursuant to the provisions of section 617,1006, Floridament(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit C	orporation adopts the	: following
. If amending name, enter the new name of the co	poration:		
			The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the a	ubbreviation "Corp."	
B. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADI</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered		name of the	19 SEP 3
Name of New Registered Agent:			_
<u>New Registered Office Address:</u>	(Florida street	address)	K 4: 2
		, Florida	
_	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent.	stered Agent: am familiar with and accept the oblige	itions of the position.	
	Signature of New Registered Agei	nt, 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 D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	\mathcal{P}	Maria Kast-Ondraczek	
Add Remove			St. Peters burg FL 33713
2) Change	<u>P</u>	Amy Seeks	2501 5th Are N
Add Remove		,	St. Petersburg FL 33713
3) Change	<u></u>	David Pinto	2501 5th Are N
Add Remove			5t. Peters burg FL 33713
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change	-		
Add			
Remove			

If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)			
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The c	date of each amendment(s) adoption:	if other than th
iate t	this document was signed.	
Effec	ective date if applicable: 7/1/19	
	(no more than 90 days after amendment file date)	<u> </u>
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ument's effective date on the Department of State's records.	listed as the
Adop	option of Amendment(s) (<u>CHECK ONE</u>)	
∀	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 4/24/19	
	Signature	
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Amy K. Sæks (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Prisident	
	(Title of person signing)	