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TO: Amendment Section
Division of Corporations

TALLAHASSE NAME OF CORPORATION:	EE VOLLEYBALL AS	SSOCIATION,	INC.	
N99000006126 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are	e submitted for filing.			
Please return all correspondence concerning this	matter to the following	g:		
Susan Atwood				
	(Name of Contac	et Person)		
	(Firm/ Com	pany)		*
510 Beverly Street				
	(Addres	s)		
Tallahassee, FL 32301				
	(City/ State and 2	Zip Code)		
susanhatwood@gmail.com				
E-mail address: (to be	used for future annua	report notifica	ition)	
For further information concerning this matter, p	lease call:			
Susan Atwood		850 at	766-4867	
(Name of Contact Pe	erson)		le) (Daytime Teleph	one Number)
Enclosed is a check for the following amount ma	de payable to the Flori	da Department	of State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of St.	Certified Copy (Additional coenclosed)	y Co py is Co (A	2.50 Filing Fee ertificate of Status ertified Copy (dditional Copy is nclosed)	
Mailing Address Amendment Section		Street Addre	ection	
Division of Corporations		Division of C	orporations	

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 to Articles of Incorporation of

TALLAHASSEE VOLLEYBALL ASSOCIATION, INC.

(Name of Corporation as curr	ently filed with the Flori	da Dept. of State)
N99000006126		, , , , , , , , , , , , , , , , , , ,
(Document Nu	mber of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	rutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:	
N/A		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	N/A	
(Principal office address <u>MOST BE A STREET ADDRES</u>	<u> </u>	
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 of new registered agent and/or the new registered offic Name of New Registered Agent: N/A		enter the name of the
	(Flo	rida street address)
New Registered Office Address:		
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		the obligations of the position.
	Signature of New Registe	ered Agent, if chanding
	Page 1 of 4	

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.

Type of Action (Check One) Title Name Address 1) Change VD Jose Morales 135 SWEETWATER CIRCLE Add CRAWFORDVILLE, FL 32327 2) Change Add CRAWFORDVILLE, FL 32327 Add Change Add Add Change Add Add Add Add Add Add Add Add Add Add
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E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
N/A			

The	date of each amend	may 1, 2018 ment(s) adoption:	, if other than the
date	this document was si	gned.	
Effe	ctive date <u>if applica</u>		
		(no more than 90 days after amendment file date)	
		in this block does not meet the applicable statutory filing requirements, this date we on the Department of State's records.	vill not be listed as the
Ado	ption of Amendmen	t(s) (<u>CHECK ONE</u>)	
	The amendment(s) v was/were sufficient t	vas/were adopted by the members and the number of votes cast for the amendment(sor approval.	s)
	There are no membe adopted by the board	rs or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.	
	Dated _	May 7, 2018	
	Signature _	Son Hudrel	
	₹ h	y-the chairman or vice chairman of the ward, president or other officer-if directors ave not been selected, by an incorporator — if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)	,
		Susan Atwood	
		(Typed or printed name of person signing)	
		Treasurer/Secretary	
		(Title of person signing)	