N06000005451

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COVER LETTER

†O: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: LEVEL 10 LA	CROSSE INC	
DOCUMENT NUM	IBER: N06000005451		
The enclosed Article	s of Amendment and fee are sub	omitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
, 	JOHN	I R EARLES	
	(Name of	Contact Person)	· -
	CARL	GREEN PA	
	(Firm	/ Company)	
	14365 E	COLONIAL DR	
	(1	Address)	
	ORLAN	DO FL 32826	
		te and Zip Code)	
	JREARLES@	BELLSOUTH.NET	
	E-mail address: (to be use	d for future annual report notific	ation)
For further informati	on concerning this matter, please	e call:	
ANTHONY MOR	ESCHI	at (321) 231-103	34
	of Contact Person)	//	ne Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to the Florida Departmen	t of State:
✓ \$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address idment Section ion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	r Circle

Articles of Amendment Articles of Incorporation

LEVEL 10 LACROSSE, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N06000005451

(Document Number of Con	rporation (if known)	<u></u>
Pursuant to the provisions of section 617.1006, Florida Stathe following amendment(s) to its Articles of Incorporation	atutes, this <i>Florida Not For P</i>	rofit Corporation adopts
A. If amending name, enter the new name of the corpo	oration:	
	,	
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." ma	word "corporation" or "inco ay not be used in the name.	orporated" or the
B. Enter new principal office address, if applicable:		強度する
(Principal office address MUST BE A STREET ADDRE	<u>'SS'</u>)	事 票
·		- 26 W
		
C. Enter new mailing address, if applicable:		<u> </u>
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		A ROM
		* [†]
D. If amending the registered agent and/or registered of	office address in Florida, ent	er the name of the
new registered agent and/or the new registered offic		<u> </u>
Name of New Registered Agent:		
		-
New Registered Office Address:	(Florida street address)	_
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agent. I position.	am familiar with and accep	t the obligations of the
Signature of	Now Prairtoned Agent if abou	

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) Title <u>Name</u> Address **Type of Action** ☐ Add ☐ Remove ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) ARTICLE III LEVEL 10 LACROSSE, INC. IS ORGANIZED EXCLUSIVELY FOR CHARITABLE. RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSE AS DESCRIBED UNDER SECTION 501(C)(3) ARTICLE VI UPON THE DISSOLUTION OF THIS ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURETAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, FOR A PUBLIC PURPOSE.

The date of each amendment(s) adoption: FEBRAURY 23,2010		
	(date of adoption is required)	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.	
There are no members or men adopted by the board of direct	ors.	
Signature (By the have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)	
	ANTHONY MORESCHI (Typed or printed name of person signing)	
	PRESIDENT (Title of person signing)	