107000012072

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TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

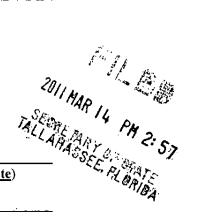
NAME OF CORP	ORATION: MAKE A PLAY	/ FOU	NDATI	ON, INC.	
DOCUMENT NU	мвек: <u>N07000012072</u>				
The enclosed Artica	les of Amendment and fee are sub	mitted fo	r filing.		
Please return all con	rrespondence concerning this matt	er to the	following	z :	
	ALE	CIA PYI	NN.		
	(Name of	Contact I	Person)		
	MAKE A PL	AY FOU	NDATI	ON	,
	(Firm	/ Compar	ıy)		
	1300 COL	LINS A\	/E #603	3	
	(A	(ddress			
1	MIAMI BE	ACH, Fl	_ 33139	9	
	(City/ Stat	e and Zip	Code)	,	
·	ALECIAPY				
	E-mail address: (to be used		re annual	report notificat	lion)
For further informa	tion concerning this matter, please	e call:			
ALECIA PYNN		at (352	₎ 5142681	e Telephone Number)
(Nan	ne of Contact Person)		(Area (Code & Daytim	e Telephone Number)
Enclosed is a check	for the following amount made pa	ayable to	the Flori	da Department	of State:
☑\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certif	ied Copy tional co		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section				Address Iment Section	,

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to **Articles of Incorporation** \mathbf{of}



MAKE A PLAY FOUNDATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N07000012072

(Document Number of Corporation (if known)

FLORIDA RIVAL	S FOOTBAL	L FOUNDATION, INC.	
ne new name must be distinguishable ar breviation "Corp." or "Inc." <u>"Compan</u>			
Enter new principal office address, if rincipal office address <u>MUST BE A ST</u>		ESS)	
Enter new mailing address, if application (Mailing address MAY BE A POST O			
			enter the name of the
If amending the registered agent and new registered agent and/or the new			enter the name of the
If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:			enter the name of the
new registered agent and/or the new			enter the name of the
<u>Name of New Registered Agent:</u>		ce address: (Florida street address)	
Name of New Registered Agent:		ce address: (Florida street address)	enter the name of the , Florida

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)

The date of each amendmen	(s) adoption: 3/10/2011
Effective date <u>if applicable</u> :	(date of adoption is required) 3/10/2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
✓ The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of di	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated_3/10	/2011
Signature	albeia Pro-
hav	the chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, er court appointed fiduciary by that fiduciary)
	ALECIA PYNN
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)

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