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## COVER LETTER >

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: Athletes With Purpose Charity			
DOCUMENT NUMBER: NO 800 0006625			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Frank Murphy (Name of Contact Person)			
(Name of Contact Person)			
Athletes With Purpose Charity Fre			
(Firm/ Company)			
3428 Maralinspike Drive			
(Address)			
TAMPA F1. 33607 (City/ State and Zip Code)			
(City/ State and Zip Code)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Frank Murphy at (813) 965-1472 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
(Alea Code & Daytime Telephone Number)			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is Enclosed)			

**Mailing Address** 

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

## Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Athletes With Purpose Chanity Fre 15 APR 10 PM 2: U
(Name of Corporation as currently filed with the Florida Dept. of State)
NO8000006625
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
Mentoring With Purpose Charity In Continuous The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.
B. Enter new principal office address, if applicable: Frank D. Murphy (Principal office address MUST BE A STREET ADDRESS)  3428 MARLINSPIKE DRIVE
7AmpA, F1 33607
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent: Frank D. Murphy
3428 MANIN SOIKE DA, C (Florida street address)  New Registered Office Address:
TampA Florida F/ 33607 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing
Pa <del>lge 1 of 4</del>

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or addin ttach additional shee	ts, if necessary).	(Be specific)				
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The date of each amendment(s) addate this document was signed.	option:	, if other than the SECRETARY OF STATE DIVISION OF CONPORATIONS		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	15 APR 10 PM 2: 01		
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were adwas/were sufficient for approval	opted by the members and the number of votes cast for the ame	ndment(s)		
There are no members or membadopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) wrs.	ras/were		
Dated	n ON			
(By the chairs have not bee	man or vice chairman of the board, president or other officer-if on selected, by an incorporator — if in the hands of a receiver, tru ppointed fiduciary by that fiduciary)			
Frank	(Typed or printed name of person signing)  e N +			
Presid	e ~ +  (Title of person signing)			
	( I tue of person signing)			