

COVER LETTER

FILED STATE
DIVISION OF CORPORATIONS
16 NOV -4 AM 9:55

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: 3Tech Wrestling, In.

DOCUMENT NUMBER: N1600009092

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please enter all correspondence concerning the nature to the following:

Robert L. Malatesta, Sr.
(Name of Contact Person)

3 Tech Wrestling, Inc.
(Firm/ Company)

37 Harbour Isle Dr. East Unit PH6
(Address)

Hutchinson Island, FL 34949-2789
(City/ State and Zip Code)

m112842@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter please call: (609) 774-8282

Robert L. Malatesta, Sr. at (609) 774-8282
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee & Certificate of Status 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

STATE DEPT. OF STATE
DIVISION OF CORPORATIONS
16 NOV -4 AM 9:55

Articles Of Amendment
to
Articles Of Incorporation
of

3Tech Wrestling, In.

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

N16000009092

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

NA 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:
(Principal office address MUST BE A STREET ADDRESS)

NA

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

NA

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: NA

New Registered Office Address: NA
(Florida Street Address)

NA Florida
(City) (Zip Code)

New Registered Agent's Signature's if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

NA
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)

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 PT John Doe
 X Remove V Mike Jones
 X Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|--|-----------------------------|-----------------|--|
| 1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> X_Add <input type="checkbox"/> Remove | <input type="checkbox"/> D | Peter DiBiase | 29 E. Grant St Woodstown, NJ 0809 |
| 2) <input type="checkbox"/> Change <input type="checkbox"/> X_Add <input type="checkbox"/> Remove | <input type="checkbox"/> SD | Pat Dougherty | 2041 Williamstown Rd. Franklinville, NJ 08322 |
| 3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> X_Add <input type="checkbox"/> Remove | <input type="checkbox"/> D | Steve Iles | 107 Monroeville Rd. Monroeville, NJ 08343 |
| 4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> X_Add <input type="checkbox"/> Remove | <input type="checkbox"/> D | Anthony Fanucci | 1932 S. Brookfield St Vineland, NJ 08361 |
| 5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> X_Add <input type="checkbox"/> Remove | <input type="checkbox"/> D | Dale J. Elbeuf | 1549 Clover Avenue Vineland, NJ 08360 |
| 6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> X_Add <input type="checkbox"/> Remove | <input type="checkbox"/> D | Chris McAleer | 3501 W Erie St Chandler, AZ 85226 |

See additional page 2

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

NA

The date of each amendment(s) adoption: NA if other than the date this document was signed.

Effective date if applicable: NA
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- 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 Oct 25, 2016

Signature _____
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Robert Malatesta, SR
(Typed or printed name of person signing)

Robert Malatesta, CEO
(Title of person signing)