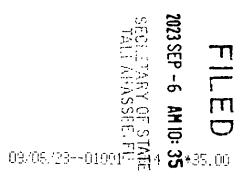
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: 124 NFE	Rombers Inc			
DOCUMENT NUMBER:	N19000009168			
The enclosed Articles of Amendment and fee are submitted for	filing.			
Please return all correspondence concerning this matter to the f	following:			
Natalie	Colun			
(Name o	f Contact Person)			
(Fir	n/ Company)			
8642 B	rooklin PL			
	Address)			
Tallal	nussee, PL 32312			
(City/ Sta	ite and Zip Code)			
NFElite baseball	@gmail.com			
E-mail address: (to be used for futur	annual report notification)			
For further information concerning this matter, please call:	6			
Natalie Colon	(Area Code) (Daytime Telephone Number)			
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)			
Enclosed is a check for the following amount made payable to t	he Florida Department of State:			
C\$35 Filing Fee S43.75 Filing Fee & S43.75 Certificate of Status Certific (Additional enclose)	onal copy is Certified Copy			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

124 NFE Bombers	Inc
(Name of Corporation as currently filed with the	Florida Dept. of State)
N19000	0009169
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:
Tallahassee Bo	mbers Inc
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	<u>!</u>
B. Enter new principal office address, if applicat	
(Principal office address <u>MUST BE A STREET AI</u>	DDRESS )
	2.00 <b>2.3</b>
	T 28 7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	POVI
(Mauric address MAT BLATOST OFFICE I	SO TO
D. If amending the registered agent and/or registered	tered office address in Florida, enter the name of the
new registered agent and/or the new registere	
Name of New Registered Agent:	Natalie Colon
	8642 Brooklin PL
	(Florida street address)
New Registered Office Address:	tall along 20212
	Tallahassee Florida 32312
	(City) (Zip Code)
New Registered Agent's Signature, if changing R	egistered Agent:
i nereby accept the appointment as registered agent.	. I am familiar with and accept the obligations of the position.
	Midw
	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 X Remove X Add	<u>Y</u> <u>M</u>	ohn Doe like Jones ally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
F If amending or adding (attach additional sheet	<u>e additional</u> s, <i>if necessa</i>	Articles, enter change(s) here: (Be specific)	
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tie date of exch amendment(s) adoption:	•				
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Tective date if applicable:  (no more than 90 days after amendment file date)	he date of each amendment(s) adoption: ate this document was signed.				, if other than th
(no more than 90 days after amendment file date)	ffective date if applicable:				
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ote: 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 9/6/23				
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)				
Juan Colon				
(Typed or printed name of person signing)				
President				
(Title of person signing)				

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