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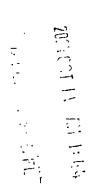
(Re	questor's Name)	
(Ad	dress)	
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PICK-UP		MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	R ACADEMY INCORF	PORATED		
N09000008677 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee a	re submitted for filing.			
Please return all correspondence concerning thi	s matter to the following:			
EDWIN OYAKHILOME				
	(Name of Contact	Person)		
EJJE INC				
	(Firm/ Compa	ny)		
22702 SKYVIEW CIRCLE				
	(Address)			
BROOKSVILLE, FL 34602				
	(City/ State and Zip	p Code)		
yandtgroup@gmail.com				
E-mail address: (to b	e used for future annual r	eport notificat	on)	
For further information concerning this matter,	please call:			
EDWIN OYAKHILOME	í	813 11	355-6671	
(Name of Contact I		(Area Code) (Daytime Telephone Numbe	r)
Enclosed is a check for the following amount m	ade payable to the Florida	a Department o	of State:	
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St		Cert is Cert (Ad	50 Filing Fee ificate of Status ified Copy ditional Copy is closed)	
Mailing Address	S	treet Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

EJJE SOCCER ACADEMY INCORPORATED

(Name of Corporation as currently filed with th	e Florida Dept. of State)	2014 COT 11 AN 1: 45
N09000008677		202,00. 11 101 1 10
(Docur	ment Number of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
EJJE INC		The ne
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
D. If amending the registered agent and/or reginew registered agent and/or the new register		enter the name of the
new registered agent and/or the new register	Y & T TAX AND ACCOUNTING	C SERVICES II C
Name of New Registered Agent:	T & T TAX AND ACCOUNTING	3 SERVICES LLC
	5865 SW 23 STREET	
New Registered Office Address:		ida street address)
	WEST PARK	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ager	Registered Agent: nt. I am familiar with and accept the	he obligations of the position.
_	Signature of New Register	ed 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	PT John De V Mike Jo SV Sally Sr	mes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change Add	<u>D</u>	LINDA GHALIEH	22702 SKYVIEW CIRCLE BROOKSVILLE, FL 34602
Remove			
2) X Change Add	<u>D</u>	EDWIN COSTA	3106 SILVERMILL LOOP LAND O LAKES. FL 34638
Remove 3) Remove Add Remove		<u> </u>	
4) Change Add		- 	
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
	· 		·

		
		
		
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The date of each amendment(s) adoption	10/01/2024	_, if other than the
date this document was signed.		_
Effective date <u>if applicable</u> : 10/01/2024		
	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not it of State's records.	be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted h was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
Dated	10/01/2024
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 tiduciary by that fiduciary)
	EDWIN OYAKHILOME
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)