Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000209501 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAW OFFICE OF CONRAD WILLKOMM, P.A.

Account Number : I20200000174 Phone : (239)262-5303 Fax Number : (239)262-6030

Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.

Email Address: ____conrad@swfloridalaw.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN NAPLES WRESTLING CLUB INC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

JUN 1 7 2022

D CUSHING

Fax: 12392626030

Page: 4 of 8

COVER LETTER

TO: Amendment Section			. •			
Division of Corporations		•				
Naples Wrestlin	g Club, Inc.		· · · · · · · · · · · · · · · · · · ·			
DOCUMENT NUMBER:				· .		
The enclosed Articles of Amendment and fee are	submitted for filing.				.,	
Please return all correspondence concerning this	matter to the followin	g:	· .			
Conrad Willkomm, Esq.						٠.
	(Name of Contac	t Person)				
Law Office of Conrad Willkomm, P.A.		x .				
3201 Tamiami Trail N, 2nd Floor	(Firm/ Com	pany)				
Naples, FL 34103	(Address	s)	-		[12]) 1022 JUH
	(City/ State and	Zip Code)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u></u>	5
conrad@swfloridalaw.com			• ,			PH
E-mail address: (10 be	used for future annua	I report notific	ation)	<u>-</u>	•••	بجا۔۔ ا <i>ن</i>
For further information concerning this matter, pl	lease call:			• •	, m	· F
Conrad Willkomm		239	262-53	03		
(Name of Contact Pe	rson)		de) (Daytin	ne Telephon	e Numbe	er)
Enclosed is a check for the following amount man	de payable to the Flor	ida Departmen	t of Štate:	. •		
\$35 Filing Fee \$43.75 Filing Fee Certificate of State	& □\$43.75 Filing:	Fee & 🗆 \$3 y Copy is Co	52.50 Filing F ertificate of S ertified Copy Additional Co	tatus		

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

Street Address

Amendment Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 .Tallahassee, FL 32303

Enclosed)

Fax: 12392626030

Articles of Amendment to Articles of Incorporation of

Name of Corporation as currently filed with the Florida Dept. of State) N11000003915 (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 mendment(s) to its Articles of Incorporation: A. If amending name, enter the new manne of the corporation: 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: (Mailing address MUST BE A STREET ADDRESS) 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's Signature of changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the abligations of the position. Signature of New Registered Agent, if changing	Naples Wrestling Club, Inc	J.,						
(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 temperature in the Articles of Incorporation: A. If amending name, enter the new mame of the corporation; The new 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. 3. Enter new principal office address, if applicable: "Principal office address MUST BE A STREET ADDRESS") C. Enter new 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: (Florida street address) New Registered Office Address: (Florida street address) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	(Name of Corporation as	currently filed with the F	lorida Dej	pt. of Sta	te)			,
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following temendment(s) to its Articles of Incorporation: A. If amending name, enter the new mame of the corporation: The new 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] C. Enter new mailing address MAY BE A POST OFFICE BON) 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: [Florida street address] New Registered Office Address: [Florida street address] New Registered Agent's Signature, if changing Registered Agent: thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	N11000003915							•
If amending name, enter the new name of the corporation: 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.) 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: New Registered Office Address: (Florida street address) New Registered Agent: (City) (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: the abligations of the position.		(Documen	nt Number	of Corpo	ration (if kno	wn)		
If amending name, enter the new name of the corporation: 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.) 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: New Registered Office Address: (Florida street address) New Registered Agent: (City) (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: the abligations of the position.	Duranant to the provisions of	of cention 617 1006. Florid	la Statutes	this Flor	ida Not For	Profit Corno	<i>ration</i> adopts t	he following
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) 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: New Registered Office Address: (City) (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: thereby accept the appointment as registered agent. I am familiar with and accept the abligations of the position.			ia Statutes,		1,01 x 0,	i rojir corpe	initos taopia t	
The new same 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. 8. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: (Florida street address) New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		•		.*	٠.٠			
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. 8. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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! New Registered Office Address: (Florida street address) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	A. If amending name, ent	er the new name of the c	<u>corporation</u>	<u> </u>				
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. 8. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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! New Registered Office Address: (Florida street address) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.			. • .				• •	The new
Company" or "Co." may not be used in the name. 8. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOS) 6. P. 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 New Registered Office Address: (Florida street address) New Registered Office Address: (Florida street address) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	name must be distinguishab	ole and contain the word "	corporatio	n" or "in	corporated"	or the abbre	viation "Corp.	
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: (Florida street address)					•			
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: (Florida street address)							•	•*
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: (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: (hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	B. Enter new principal of	lice address, if applicable	<u>e:</u> DBECC) _	· · · · · · · · · · · · · · · · · · ·		······································		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BON) 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: (Florida street address)	(Principal office address M	IUSI BE A SIKEEI ADI	DKESS)				· .	
(Mailing address MAY BE A POST OFFICE BON) 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: (Florida street address)						<u> </u>		
(Mailing address MAY BE A POST OFFICE BON) 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: (Florida street address)		•			<u> </u>		*	<u></u>
(Mailing address MAY BE A POST OFFICE BON) 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: (Florida street address)		and the second				,	:	. 7
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: (Florida street address)			<u>2X</u>)		• •	-,		
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: (Florida street address)					·			9
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: (Florida street address)			. —					
Name of New Registered Agent: New Registered Office Address: (Florida street address)			•		·· .		<u> </u>	; TX
Name of New Registered Agent: New Registered Office Address: (Florida street address)								. ?:
Name of New Registered Agent: (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.					in Florida, e	nter the nan	ne of the	<u> (</u>
(Florida street address) New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	new telisteren affeite a	nation the new registered	i wince not	11 (33.		•	· '	,
New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	Name of a	New Registered Agent.	·			·		
New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.								
New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		· · —			(Flor	ida street addre		·
Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	New Reg	gistered Office Address:			(1.40)	in an ect mante		,
(City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•					
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		· · · ·		· · · · ·		<u> </u>	,	
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.				(City)	· · · .		(Zip Code)	
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	New Registered Agent's S	ignature, if changing Res	gistered A	gent:			•	
Signature of New Projectored Agents if showing	I hereby accept the appoint	ment as registered agent.	I am fami	liar with t	and accept th	e obligations	s of the position	7.
Signature of New Pagintared Agent if sharesing		.,						
Cignature of New Pagintared Agent if changing			•	•				
Signature of New Negistered Agent, it changing	<i>,</i>	· · · · ·	Sign	ature of t	Vew Register	ed Agent. if c	hanging	

If amending the Officers and/or Directors, enter the title and name of	each officer	/direct	or being	g removed and	l 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 Do V Mike Jo SV Sally Si	nes	
Type of Action (Check One)	<u>Title</u>	Name	. Address
1) Change Add	SD	CesarDe La Rosa	1095 San Remo Ave Naples, FL 34104
x Remove			
2) Change Add	SD	Luke Garcia	215 Madison Drive Naples, FL 34110
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add	·		
Remove 6) Change Add			
Remove E. If amending or addit	ng additional Arti	cles, enter change(s) here:	
(attach additional shee	els, if necessary).	(Be specific)	
			

The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable: (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 east for the amendment(s) was/were sufficient for approval.

From: Conrad Willkomm

Fax: 12392626030

To: 8506176380@rctax.com

Fax: (850) 617-6380

06/16/2022 11:09 AM

Page: 7 of 8

From: Conrad Willkomm

Fax: 12392626030

To: 8506176380@rcfax.com

Fax: (850) 617-6380

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

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, trustce, or other court appointed fiduciary by that fiduciary)

Conrad Willkomm

(Typed or printed name of person signing) -

President

(Title of person signing)