N12000004315

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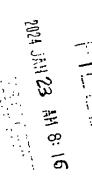




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A. RAMSEY
FEB 9 7074

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FILZSUC	vive Warrior Foundation INC
DOCUMENT NUMBER: N120000	04315
The enclosed Articles of Amendment and fee are sub-	nitted for filing.
Please return all correspondence concerning this matte	er to the following:
David Spinelli	(Name of Contact Person)
Fit2 Survive Warrior	Foundation Inc. (Firm/ Company)
5505 La Puerta Del	Sol Blud S. # 329 (Address)
St. Petersburg FL.	33715 (City/ State and Zip Code)
DSpinelli 7770 Gmail	. Com Tor future annual report notification)
For further information concerning this matter, please	eall:
David Spinelli (Name of Contact Person	(727) 418-7026 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made p	
☐ \$35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section
Division of Corporations	Division of Corporations

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

FILED

2024 JAH 23 AM 8: 16

Fita Survive Warrior (Name of Corporation as currently filed with the Flor	Foundation	Inc.	<u> </u>
			n konzejsky
N12000004315	Number of Corporation (if	known)	
	·		e i a en en
Pursuant to the provisions of section 617,1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not i</i>	For Profit Corpora	tion adopts the following
A. If amending name, enter the new name of the corp	poration:		
NA name must be distinguishable and contain the word "con			The new
"Company" or "Co," may not be used in the name			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	NA NESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>A/U</u>		
			
		<u> </u>	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	<u>ffice address:</u>		
Name of New Registered Agent:	MA		
New Registered Office Address:		tFlorida street addressi	
N	J A (City)	F	·lorida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Regis Thereby accept the appointment as registered agent. T	stered Agent: am familiar with and acce	pt the obligations (of the position.
<u></u>	JA Signature of New Reg		
	Signature of New Reg	ristered Agent, if ch	anging

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>V</u> <u>Mik</u>	n Doe ee Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X_ Change Add	<u>P</u>	David Spinelli	5505 la Puerta Del sol Blud S
Remove 2) Change Add		NA	St. Patersburg Fl 33715
Remove 3) Change Add Remove		N (tr	
4) Change Add		<u> 4 N</u>	
Remove 5) Change Add		NA	
Remove 6) Change Add		ALM	
(strach additional s	hacts, if necessar		
A/N			
			

JIA			
			
	 -		
			
	,		
			<u></u>
			-
			
The date of each amendment(s) adoption: _			, if other than the
date this document was signed.			
Effective date <u>if applicable</u> : NA			
(no)	more than 90 days after amend	lment file date)	
<u>Note:</u> If the date inserted in this block does no document's effective date on the Department of	t meet the applicable statutory f State's records.	filing requirements, this date wil	not be listed as the
Adoption of Amendment(s) (Cl	HECK ONE)		
The amendment(s) was/were adopted by t was/were sufficient for approval.	he members and the number o	f votes east for the amendment(s)	

攻	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 1/19/2024
	Signature Dans Linds
	(By the chairman or fice 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)
	David Spinelli (Typed or printed name of person signing)
	C = 0

(Title of person signing)