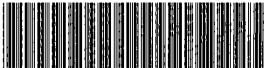
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(Requestor's Name)	
(Address)	6002383681
(Address)	
(City/State/Zip/Phone #)	
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Orlando N	Monarchs In	IC.
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Rickie Weeks Sr.		
	(Name of Contact Person	n)
Orlando Monarchs Basel	ball	
	(Firm/ Company)	
287 S. Tampa Ave.		
	(Address)	
Orlando, FI, 328		
	(City/ State and Zip Cod	e)
rickieweeks2@gm	nail.com	
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Rickie Weeks Sr	407	462 1069 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Depa	artment of State:
\$35 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \sin \text{\$\sin \tex	□\$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		Address
Amendment Section Division of Corporations		Iment Section on of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

A	rticles of Incorporation		
Orlando Mi	or Marchs 7	TC.	
(Name of Corporation as currently filed with t	he Florida Dept. of State)		
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i>	er Profit Corporation a	dopts the following
A. If amending name, enter the new name of the cor	poration:		
			The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	d" or the abbreviation	"Corp." or "Inc."
-			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDITIONAL ADDITIONAL ASSESSMENT AND ADDITIONAL ASSESSMENT ASSESSMENT ADDITIONAL ASSESSMENT ASSESSMEN	RESS)		6
	 ,		<u> </u>
C. Enter new mailing address, if applicable:			္ရိုင္ပါ လူ
(Mailing address MAY BE A POST OFFICE BOX	9		
			.,
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	(Florida street address)		
		. Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regis	stered Agent:		
I hereby accept the appointment as registered agent. I		the obligations of the p	position.
Signature of New	Registered Agent, if changing	ng	

Page 1 of 4

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	<u>PT</u> <u>J</u>	ohn Doe	
X Remove	<u>v</u> <u>N</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
!) Change Add Remove	Boarb Member	Charles Marshall	JohnYoung Pkwy, Orlando, Fl
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Charles Marshall our General Manage
is being removed from board Stalus
to maintain our current Alcohol and
Charles Marshall our General Manage is being removed from board Stalus to maintain our current Alcoho and Tabacco license.

The	date of each amendment(s) adoption: June 27, 2012
	ective date if applicable: Limmediately)
	(no more than 90 days after amendment file date)
Ado	option 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
	Signature Victor Weeks
	(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)
	Rickie D. Weeks
	(Typed or printed name of person signing)
	PRESident
	(Title of person signing)