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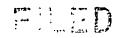
TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: WRHS AT | HLETIC BOOSTEF | RS INC. | | |
|---|-----------------------|---------------------------|---|-------------|
| N13000008109 DOCUMENT NUMBER: | | | | |
| The enclosed Articles of Amendment and for | e are submitted for t | filing. | | |
| Please return all correspondence concerning | this matter to the fo | llowing: | | |
| Michael Schulze | | | | |
| | (Name of | Contact Person) | | |
| WRHS Athletic Boosters Inc. | | | | |
| | (Firm | / Company) | - | , |
| 2909 Mansfield Boulevard | | | | |
| | | Address) | | |
| Wesley Chapel, FL 33543 | | | | |
| | (City/ Stat | te and Zip Code) | | |
| WRHSAthleticboosters@gmail.com | | | | |
| E-mail address: (| to be used for future | annual report notifi | cation) | |
| For further information concerning this mat | ter, please call: | | | |
| Michael Schulze | | 813 at | 240-2389 | |
| (Name of Cont | act Person) | | ode) (Daytime Telepho | one Number) |
| Enclosed is a check for the following amount | nt made payable to th | ne Florida Departme | nt of State: | |
| □ \$35 Filing Fee □\$43.75 Filin Certificate o | of Status Certifie | d Copy onal copy is cd) (| 552.50 Filing Fee Certificate of Status Certified Copy Additional Copy is Enclosed) | |
| Mailing Address | | Street Addi | <u>'ess</u> | |

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



WRHS ATHLETIC BOOSTERS INC.

2021 AUG 30 PH 3: 58

| (Name of Corporation as currently filed with the | Florida I | Dept. of State) | |
|--|---|--|---|
| N13000008109 | | | - 1 Maria (1.17) STA |
| (Docume | nt Numb | er of Corporation (if known) | , <u>, , , , , , , , , , , , , , , , , , </u> |
| Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation: | da Statut | es, this <i>Florida Not For Profit</i> (| Corporation adopts the following |
| A. If amending name, enter the new name of the | corporat | ion: | |
| N/A | | | The new |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the name. | "corpora | tion" or "incorporated" or the c | abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicab | le: | N/A | |
| (Principal office address MUST BE A STREET AD | |) | |
| | | | |
| | | | |
| C. Enter new mailing address, if applicable: | (110) | N/A | |
| (Mailing address <u>MAY BE A POST OFFICE B</u> | <u>() </u> | | |
| | | | |
| | | | |
| D. If amending the registered agent and/or regist new registered agent and/or the new registered | | | e name of the |
| | Michael S | | |
| Name of New Registered Agent: | N/A | | |
| · - | 1771 | (Florida street | address) |
| New Registered Office Address: | | | |
| <u>:</u> | N/A | | , Florida |
| | | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Re | egistered | Agent: | |
| I hereby accept the appointment as registered agent. | l am fa | miliar with and accept the oblig | ations of the position. |
| | / | 1/11/1/2 | 1 |
| | Si | ignature of New Registered Agei | nt, if changing |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nam 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 = C. Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offi 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. The 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 Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change X Remove A Add | PT John De V Mike Jo SV Sally Sr | <u>nes</u> | | | |
|---|--|-------------------|---|--|--|
| Type of Action (Check One) | <u>Title</u> | Name | Address | | |
| 1) Change Add | <u>P</u> | Dale Stubblefield | | | |
| × Remove | | | | | |
| 2) Change Add | <u>P</u> | Michael Schulze | 2909 Mansfield Blvd. Wesley Chapel, FL 33543 | | |
| Remove 3) Remove Add × Remove | <u>s</u> | Roma EsteMcDonald | | | |
| 4) Change Add | <u>S</u> | Tracy Dachisen | 2909 Mansfield Blvd. Wesley Chapel, FL 33543 | | |
| Remove | | | | | |
| 5) Change Add | <u>T</u> | Lou Alers | | | |
| × Remove | | | | | |
| 6) Change Add | <u>T</u> | Nataliya Fillers | 2909 Mansfield Blvd. Weslev Chapel, FL 33543 | | |
| Remove | | | | | |
| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) | | | | | |
| N/A | | | | | |
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| The date of each amendment(s) adoption: July 1, 2021 date this document was signed. | if other tha |
| July 1, 2021 | |
| 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 document's effective date on the Department of State's records. | listed as th |
| 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. | |

| There are no mem adopted by the bo | abers or members entitled to vote on the amendment(s). The amendment(s) was/were eard of directors. |
|------------------------------------|--|
| Dated | August 20, 2021 |
| 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) |
| | Michael Schulze |
| | (Typed or printed name of person signing) |
| | President |

(Title of person signing)