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3/21/15

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: 1-100p5/606 /nc. 1113 00000 9112 DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Karen Kilpatrick Name of Contact Person) (Firm/ Company) Parkland FL 33076 Kayppin @ 9 mail, com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Confact Person)

(Name of Confact Person)

(Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: 52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □ \$35 Filing Fee Certified Copy Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed)

Mailing Address

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

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation		FILED		
Hoop	skool,	Inc	2015 HAR 26	PM 4: 06
(Name of Corporation as currently fi	led with the Flor	rida Dept. of State)	الله الله الله الله الله الله الله الله	OF OTATS
N/3	00000	9//2	SECRETARY TALLAHASSE	E. FLORIDA
(Docume	nt Number of Co	rporation (if known)	3	** *
Pursuant to the provisions of section 617.1000 amendment(s) to its Articles of Incorporation:		s, this <i>Florida Not For</i>	Profit Corporation ac	dopts the following
A. If amending name, enter the new name	of the corporation	<u>on:</u>		The new
name must be distinguishable and contain the "Company" or "Co." may not be used in the		ion" or "incorporated"	or the abbreviation	
B. Enter new principal office address, if an (Principal office address MUST BE A STRE		N/A		
C. Enter new mailing address, if applicab	le:			
(Mailing address <u>MAY BE A POST OF</u>		~/A		
D. If amending the registered agent and/or new registered agent and/or the new re			nter 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 change I hereby accept the appointment as registered			he obligations of the p	osition.
<u></u>	ignature of New I	Registered Agent, if cha	nging	

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 X_Remove A Add	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	M		
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
			·····

If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
A-1-1-1	
Article 11	-
Purpose	_
·	
8 To fight childhood obesites	-
8. To fight Childhood obesity 9. To help special needs youth transition to normalcy through hewlth, Jitness and spents	-
9. 10 help special rieeds yath	-
transition to normalcy through	-
health litness and spents	
	-
	-
	-
	-
Adding #8 and #9 to Anticle 11 De	iRP
	- /
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·	-

The date of each amendment(s) adoption:	other than the
Effective date if applicable: (no more than 90 days after amendment file date)	,
Adoption 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.	
Signature (By the chairman of 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)	
Trez Kilpatrick (Typed or printed name of person signing)	
(Title of person signing)	