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SECRETARY OF STATE
STATES OF CORPORATIONS
STA

COVER LETTER

Division of Corporations

NAME OF CORPORATION: The Olympians Foundatin INC

DOCUMENT NUMBER: \(\sum \) 130000/1426

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Liston Bockette

(Name of Contact Person)

The Olympian Foundation

(Firm/ Company)

P.O. Box 1593

(Address)

Fort Myers F1. 33902

(City/ State and Zip Code)

For further information concerning this matter, please call:

TO: Amendment Section

(Name of Contact Person) at 239 squa 3 40 - 40 40 (Area Code) (Daytime Telephone Number)

Bochette & Smail.

-mail address: (to be used for future annual report notification)

Enclosed is a check for the following amount made payable to the Florida Department of State:

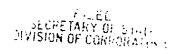
▼\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status (Additional Copy is Enclosed)

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 of



2018 JUN 15 MMII: 50

(Name of Corporation as c	urrently filed with the Fl	orida Dept. of State)	
The Olympian Document	Foundar	Lin THE	MRNODOLLUS 6
(Document	Number of Corporation (if	known)	11 /200
Pursuant to the provisions of section 617.1006, Florida 8 amendment(s) to its Articles of Incorporation:			
A. If amending name, enter the new name of the corp	poration:		
	NA		The new
name must be distinguishable and contain the word "co. "Company" or "Co," may not be used in the name.	rporation" or "incorporat	ed" or the abbreviation	'Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)	<u>'</u>	
C. Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX	, <u> </u>	<u>// </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		a, enter the name of the	
		/ A	
Name of New Registered Agent:		_//	
New Registered Office Address:		Florida street address)	· - ·
		. Florida	
	(City)	, Florida (Zip C	iode)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	tered Agent: am familiar with and accep	ot the obligations of the p	osition.
		/A	
	Signature of New Regi	istered Agent, if changing	· · · · · · · · · · · · · · · · · · ·

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	PT John I Y Mike 3 SY Sally 5	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) K Change	<u>ڪ</u>	Pavid Maile	1.0.1593
Add Remove			-FMY FL 33902
2) X Change	I	Katherine Harris	P.O. 1593
Add Remove		•	FMY FZ 33902
3) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

E. If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)				
_					
		-		_	
				_	
					
			<u></u>		
<u>.</u>					
				_	

The date of each amendment(s) adoption: ### The date of each amendment(s) adoption: ### ### ### ### ### ### #### #### ##	_, if other than the
Effective date if applicable: Formula 2018 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory tiling requirements, this date will not be document's effective date on the Department of State's records.	oe listed as the
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.	
Dated 7 June 2018	
Signature / Sattle	_
(By the chiffman 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)	
Liston Bochetto (Typed or printed name of person signing)	
President	
(Title of person signing)	