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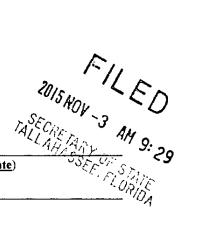
TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Pasco Cour	nty Hitmen, INC	
N14000011086		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fe	e are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Apryle Phipps		
	(Name of Contact Person)	
	(Firm/ Company)	
3549 Trask Drive		
	(Address)	
Holiday, FL 34691		
	(City/ State and Zip Code)	
pch8on8@yahoo.com	·	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter	er, please call:	
Apryle Phipps	727-505-6559 at	
(Name of Conta		.)
Enclosed is a check for the following amoun	at made payable to the Florida Department of State:	
☐ \$35 Filing Fee ☐ \$43.75 Filing Certificate €	ng Fee & \$\sum \\$43.75 \text{ Filing Fee} & \$\sum \\$\$52.50 \text{ Filing Fee} \\ \text{ Certified Copy} \\ (Additional copy is \\ \text{ enclosed}\) (Additional Copy is \\ \text{ Enclosed}\)	
Mailing Address Amendment Section	Street Address Amendment Section	

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

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

Articles of Amendment to Articles of Incorporation of



Pasco County Hitmen, INC

•		1777.117
(Name of Corporation a	s currently filed with the Florid	a Dept. of State)
N14000011086		1.720
(Docume	nt Number of Corporation (if known	wn)
Pursuant to the provisions of section 617.1006, Floric amendment(s) to its Articles of Incorporation:	la Statutes, this <i>Florida Not For I</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the c	orporation:	
Next Level Football Training - Hitmen, INC		The new
name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name.	'corporation" or "incorporated"	
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET AD</u>	<u>DRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	0X) NA	
D. If amending the registered agent and/or registe	and office address in Florida or	tou the name of the
new registered agent and/or the new registered		ter the manie of the
	NA	
	NA	
New Registered Office Address:	(Flori	da street address)
New Negamerou Office Matteria.		
	(Cit)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		,
	Signature of New Register.	ed 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 <math>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>PT</u> John <u>V</u> <u>Mike</u> <u>SV</u> Sally	Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Kenny Ingram	2530 Merchant Dr
x Add			Odessa, FL 33556
Remove			
2) Change	D	Maurice Bell	2530 Merchant Dr
x Add			Odessa, FL 33556
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
 	
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i ne date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 document's effective date on the Department of State's records.	be 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 10 23 15	
Signature Open Director (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)	
Apryle Phipps	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	