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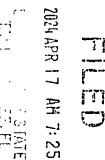
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	
N17000010164 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted fo	r filing.
Please return all correspondence concerning this matter to the	following:
Jameson Hansen	
(Name o	f Contact Person)
30A Lacrosse Club Inc	
(Fir	m/ Company)
212 eagle bay In	
	(Address)
Santa Rosa Beach, FL. 32459	
(City/ St	ate and Zip Code)
30alax@gmail.com	
E-mail address: (to be used for futu	e annual report notification)
For further information concerning this matter, please call:	
Jameson Hansen	720 2859953 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to	the Florida Department of State:
	ed Copy Certificate of Status ional copy is Certified Copy

Mailing Address

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

Street Address 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

FILED

30A Lacrosse Club Inc 2024 APR 17 AH 7: 25 (Name of Corporation as currently filed with the Florida Dept. of State) N17000010164 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: , Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

The date of each amendment(s) adoption: 9 Oct 2017		<u> </u>				
Affective date if applicable: (no more than 90 days after amendment file date)						
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	he date of each amendment(s) adoption to this document was signed.	9 Oct 2017				, if other than (
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ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records.	ote: If the date inserted in this block does	not meet the applica	ble statutory fili	ing requirements.	this date will no	ot be listed as the
	loption 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.

	oard of directors.
Dated	9 April 2024
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Signatur	
	(By the charman 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)
	Jameson Hansen
	(Typed or printed name of person signing)
	President