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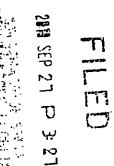
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Centra	al Florida Kyokushin Karate Inc.
DOCUMENT NUMBER: N1800000	06873
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
Carlos A. Vega	
 y	(Name of Contact Person)
Central Florida Kyokushin Karate	e Inc.
	(Firn/ Company)
P.O. Box 780631	
	(Address)
Orlando, Florida 32878	
	(City/ State and Zip Code)
info@floridakyokushin.org	
E-mail address:	(to be used for future annual report notification)
For further information concerning this ma	atter, please call:
Carlos A. Vega	at 407-928-0435
(Name of Con	
Enclosed is a check for the following amou	unt made payable to the Florida Department of State:
	ling Fee & S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (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

Artic	cles of Amendment			
Articl	lo les of Incorporation of		FIL	ED
Lentral Florida	<u>i Kyokushi</u>	nlarat	Sou Inc.	
(Name of Corporation as curre		Dept. of State)	25 27	P 3:27
N18000006		_ 	<u> </u>	ن می
(Document Num	nber of Corporation (if know	1)	meramassee!	I Chiera
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this Florida Not For Pro	ofit Corporation adop	ots the following	.,
A. If amending name, enter the new name of the corpora	ation:			
N/A			The new	
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	cation" or "incorporated" or	the abbreviation "Co	orp." or "Inc."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Σ)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		er the name of the		
Name of New Registered Agent:				
New Registered Office Address:	(Florida street address)			
		, Florida		
	(City)	(Zip Coa	ie)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am J		obligations of the nos	ition	
		The post		

Signature of New Registered 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 Do V Mike Jo SV Sally Sr	nnes	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	Secretary/ treasurer	Megan M. Guarnero	
Add			
X Remove	Sacratany		
2) Change	Secretary/ treasurer	Dr. Sara Strickhouser Vega	
X Add			
Remove			
3) Change			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)				
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	e date of each amendment(s)	adoption: August 29, 2018	, if other than the
aate	this document was signed.		
Effe	ective date <u>if applicable</u> :	August 9, 2018	
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this burnent's effective date on the I	lock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
Ø	The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes east for t val.	he amendment(s)
	There are no members or med adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendmentors.	int(s) was/were
	Dated August	29, 2018	
	Signature	Elle	
	(By the change not be	irman or vice chairman of the board, president or other off een selected, by an incorporator – if in the hands of a receit appointed fiduciary by that fiduciary)	
		Carlos A. Vega	
		(Typed or printed name of person signing,)
		Chair/Executive Director	
		(Title of person signing)	