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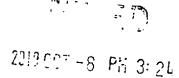
## COVER LETTER

**TO:** Amendment Section Division of Corporations

HHS Touchdown Clu NAME OF CORPORATION:			
N18000009998 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
Daniela G Coleman			
	(Name of Contact Pe	rson)	
HHS Touchdown Club Inc			
	(Firm/ Company	)	· · · · · · · · · · · · · · · · · · ·
PO Box 6871			
	(Address)		
Hudson, FL 34674			
	(City/ State and Zip C	Code)	<u> </u>
hhstouchdownelubine@gmail.com			
E-mail address: (to be used	for future annual repo	ort notification	i)
For further information concerning this matter, please of	call:		
Daniela G Coleman	at	727	534-3892
(Name of Contact Person)	''''	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida D	epartment of	State:
S35 Filing Fee  S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		eet Address	
Amendment Section Division of Corporations		endment Secti	

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



HHS Touchdown Club Inc (Name of Corporation as currently filed with the Florida Dept. of State) N18000009998 (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: N/A 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 N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: N/A , Florida \_ (Cav) (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.

Page 1 of 4

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, an 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:         Y           X Change         PT           X Remove         Y           X Add         SV		T John Doe Mike Jones V Sally Smith					
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address				
1) Change	VP	Scott Schull	18443 Dobson Dr				
Add			Hudson, FL 34667				
XX Remove							
2) Change	VP	Aundria Clay	17949 Greensboro St				
XX_Add			Spring Hill, FL 34610				
Remove							
3 ) Change			<u> </u>				
Add							
Remove							
4) Change			<u> </u>				
Add							
Remove							
5) Change							
Add							
Remove							
6) Change							
Add							
Remove							

r <u>It amending</u> (a <i>ttach additie</i>	or adding additional sheets, if nec	essary). (b	s, enter chan Be specific)	ge(s) nere.				
N/A								
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	10-01-19	
	ate of each amendment(s) adoption:is document was signed.	, if other than the
	10-01-19	
Effe	ive date if applicable:	
	(no more than 90 days after amendment file date)	
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not sent's effective date on the Department of State's records.	ot be listed as the
Ado	ion of Amendment(s) ( <u>CHECK ONE</u> )	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) cas/were sufficient for approval.	
	there are no members or members entitled to vote on the amendment(s). The amendment(s) was/were dopted by the board of directors.	
	Dated	
	Signature Oa O CO	<del></del>
	(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)	
	Daniela G Coleman	
	(Typed or printed name of person signing)	
	Treasurer / Registered Agent	
	(Title of person signing)	