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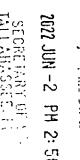
(Re	questor's Name)	
(Ad	dress)	<u></u> .
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	The Pack Football ON:	Club, Inc.		
	N20000002126			
DOCUMENT NUMBER:	 		-	
The enclosed Articles of Am	endment and fee are sub	mitted for filing.		
Please return all corresponde	ence concerning this mat	ter to the following:		
Alan Cotney				
		(Name of Contact Per	son)	
The Pack Football Club, Inc				
		(Firm/ Company)		
3733 SW 80th Ave				
		(Address)		
Ocala, FL 34481				
		(City/ State and Zip Co	ode)	
thepackfootballclub@gmail.	com			
F.	-mail address: (to be use	d for future annual repo	rt notification	1)
For further information conc	erning this matter, please	e call;		
Alan Cotney		at	352-615-9718	
	(Name of Contact Persor		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made p	ayable to the Florida De	epartment of	State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A	ddress	Stree	et Address	

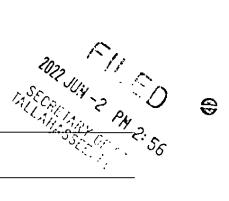
Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of



The Pack Football Club, Inc.

(Name of Corporation as currently filed with the Florid	da Dept. of State)
(Document Nu	imber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the followin
A. If amending name, enter the new name of the corpo	oration:
NA	The nev
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	NIA
(Principal office address <u>MUST BE A STREET ADDRE</u> .	<u>SS</u>)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	3733 SW 80th Ave
	Ocala, FL 34481
D. If amending the registered agent and/or registered of	office address in Florida, enter the name of the
new registered agent and/or the new registered offic	
Name of New Registered Agent: N	1A
	(Florida street address)
New Registered Office Address:	(r torida street adaress)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
	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	mes .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	VP	SHAFFER, ROBERT	4790 SW 112th Street OCALA, FL 34476
× Remove			
2) Change Add	<u>T</u>	TICE, AMANDA	8590 SW 66TH TERRACE OCALA, FL 34476
x Remove 3) Change x Add Remove	VP	MARCILLO, LORIE	34444 SW 9th AVE OCALA, FL 34471
4) Change Add	<u>T</u>	STOUT, KARI	4302 SW 53RD TERRACE OCALA, FL 34474
Remove 5) Change	<u>S</u>	SHEPP, TERESA	5528 SW 82ND PLACE OCALA, FL 34476
6) Change	D	HARPER, KAREN	4 CACTUS ST HOMOSASSA, FL 34446
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

		
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		·
The date of each amendment(s) adoption date this document was signed.	otion: 05/08/2022	if other than the
-		
Effective date if applicable:	(no more than 90 days after amendment file o	date)
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirement of State's records.	uirements, this date will not be listed as the
Adoption 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) was/were sufficient for approval.

are no members or members entitled to vote on the amendment(s). The amendment(s) was/wed by the board of directors.	rere
Dated <u>5 - 20 - 2022</u>	
Signature (By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee other court appointed fiduciary by that fiduciary)	
ALAN COTNEY	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	