Division of Corporations Electronic Filing Cover Sheet

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(((H210003686103)))



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Division of Corporations

Fax Number : (850)617-6380

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COR AMND/RESTATE/CORRECT OR O/D RESIGN LIFE AFTER SPORTS FOUNDATION INC.

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13053284774

From: Yanet Avila

850-617-6381 10/4/2021 8:39:58 AM PAGE 1/001 Fax Server



October 4, 2021

FLORIDA DEPARTMENT OF STATE

LIFE AFTER SPORTS FOUNDATION INC. Division of Corporations 5155 NW 12TH AVE MIAMI, FL 33127

SUBJECT: LIFE AFTER SPORTS FOUNDATION INC.

REF: N20000007236

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

FAX Aud. #: H21000368610

Stacy Prather Regulatory Specialist III Letter Number: 521A00023948

From Kanet Avila

Articles of Amendment to Articles of Incorporation of

LIFE AFTER SPORTS FOUNDATION INC.		
(Name of Corporation as currently filed with the Florid	a Dept. of State)	
N200000007236		
(Document Nu	mber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	<u>SS</u>)	
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		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(F)	lorida street aidress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept	the obligations of the position.
	Signature of New Regist.	ered 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 Doc 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 Doc, 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> <u>Y</u> <u>SV</u>	John Do Mike Jo Sally Sn	nes	
Type of Action (Check One)	Title		Name	Address
1) Change Add	D	-	EGO FERGUSON	1250 E Hallandale Beach Blvd Suite: 1002
Remove				Hallandale Beach, FL 33009
2) Change Add		_		
Remove 3) Change Add Remove		-		
4) Change Add		_		
Remove				
5) Change Add		_		
Remove				
6) Change Add		_		
Remove				
E. If amending or addin (attach additional shee			cles, enter change(s) here: (Be specific)	
		· · · · · ·		

To: +18506176380 Page: 6 of 7 2021-10-05 15:46:34 GMT 13053284774 From: Yanet Avila

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	, .		
	10/01/2021		
The date of each amendment(s) as date this document was signed.	doption: 10/01/2021		, if other than the
Effective date if applicable:			
	(no more than 90 days after ame	endment file date)	
Note: If the date inserted in this blo document's effective date on the Do	ick does not meet the applicable statute partment of State's records.	ory filing requirements, this date wil	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the numberal.	r of votes cast for the amendment(s)	

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Dated Signature	(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) Elise Anderson						
							(Typed or printed name of person signing)
							P. Eus Arierson
	(Title of person signing)						

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

SECRETARY OF STATE