N20000011078

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	SPORTS FOUNDAT	ION INC	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
FELIPE A MUNOZ			
	(Name of Contact P	erson)	
FLORIDA PRIME SPORTS FOUNDATION INC			
	(Firm/ Compan	y)	
5712 CROSSWINDS CIRCLE			
	(Address)		
ST AUGUSTINE, FL 32092			
	(City/ State and Zip	Code)	
felipe@floridaprime.net			
E-mail address: (to be use	ed for future annual re	port notification	1)
For further information concerning this matter, pleas	se call:		
FELIPE A MUNOZ	14:	904	887-6856
(Name of Contact Perso		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida	Department of	State:
■ \$35 Filing Fee		Certifi s Certifi	D Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ar Di	reet Address nendment Secti vision of Corpo te Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FLORIDA PRIME SPORTS FOUNDATION INC

(Name of Corporation as currently filed with the	Florida De	pt. of State)					
N20000011078							
(Docum	ent Number	of Corporati	ion (if know	n)			
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes,	this <i>Florida</i>	Not For Pr	ofit Corpor	ation adopts the	e follov	ring
A. If amending name, enter the new name of the	corporatio	<u>n;</u>					
N/A						The n	iew
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		on" or "inco	rporated" of	r the abbrev	viation "Corp."	or "Inc	2. "
B. Enter new principal office address, if applical	hle:	N/A					
(Principal office address MUST BE A STREET A	DDRESS)						_
	-	- ·					
	_				· · · · · · · · · · · · · · · · · · ·	_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	N/A					
	_					_	
	-						
D. If amending the registered agent and/or regis	tered office	address in	Florida, ent	er the nam	e of the		
new registered agent and/or the new registere	ed office add	dress:				23	<u>:</u> -
Name of New Registered Agent:	N/A					23 MAR 10 PM	
						자 -	- 1.t.
	· · · · · ·		(Florida	i street addres.	;)	<u> </u>	
New Registered Office Address:						_ _ _ _ _ _	
	N/A			,	Florida	5 : 35	<i>j</i> -
		(City)		<u> </u>	(Zip Code)	35	 -
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent			l accept the	obligations	of the position.		·
_			D .	1.4			
	Sign	iature of Nev	v Revisterea	l Agent, if c	nanging		

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	V Mike	Doc Solones Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change Add	N/A		
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add		<u> </u>	
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		Articles, enter change(s) here:). (Be specific)	
Upon the dissolution of the	nis organization	1, assets shall be distributed for one or more exc	mpt purposes within the meaning
		nue Code, or corresponding section of any futu	
	_		

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	<u> </u>					
The date of each amendment(s) adoption	n•				, if other t	than th
date this document was signed.					, ii otiici i	.ii.uii tši
Effective date if applicable: 02/17/2023						
	(no more than	90 days after	amendment file	date)		
Note: If the date inserted in this block doe	es not meet the	applicable sta	itutory filing req	juirements, this c	late will not be listed as	the

document's effective date on the Department of State's records.

Adoption 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.

dopted by the bo	ard of directors.
Dated Signature	02/17/2023 This is a second 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)
	FELIPE A MUNOZ
	(Typed or printed name of person signing)
	President
	(Title of person signing)