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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Volleyball Academy, Inc.			
N210000016	60			
The enclosed Articles of Amendment and	fee are submitted for filin	g.		
Please return all correspondence concerni	ng this matter to the follow	ving:		
Daniel H. Ramos				
	(Name of Cor	ntact Person)		<u>.</u>
Tropical Volleyball Academy, Inc.				
	(Firm/ Co	опірапу)		
3920 San Simeon Ln				
	(Addı	ess)		
Weston, FL 33331				
	(City/ State an	d Zip Code)		
contact@danielhramos.com				
E-mail address	: (to be used for future ann	ual report notific	cation)	
For further information concerning this ma	atter, please call:			
Daniel H. Ramos		954 at	868-2604	
(Name of Cor	ntact Person)	(Area Co	de) (Daytime Telepho	one Number)
Enclosed is a check for the following amo	unt made payable to the Fl	orida Departmei	nt of State:	
ຣ \$35 Filing Fee □\$43.75 Fil Certificate	ing Fee & S43.75 Filin of Status Certified Co (Additional enclosed)	py C copy is C	52.50 Filing Fee lertificate of Status lertified Copy Additional Copy is Enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	5	Street Addre Amendment Division of C The Centre	Section	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Tropical Volleyball Academy, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N21000001660 (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: SHIELD VOLLEYBALL ACADEMY, INC. 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. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (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: , Florida _ (City) (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. 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: \underline{X} Change \underline{X} Remove \underline{X} Add	PT John Do V Mike Jo SV Sally Sr	ones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	VP	DELGADO, YOLANDA	18942 NW 57 AVE MIAMI, FL 3301-5
 X Remove 2) X Change Add 	VP	VILLANUEVA RAMOS, NELLY P.	3920 SAN SIMEON LN WESTON, FL 33331
Remove Change Add Remove	<u>SEC</u>	VASQUEZ. MAYRA	6761 ENTRADA PLACE BOCA RATON, FL 33433
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add			
E. If amending or adding (attach additional sheet)	g additional Artic	cles, enter change(s) here: (Be specific)	

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The date of each amendment date this document was signed	t(s) adoption	n:	, if other than the
Effective date if applicable:	06/14/2021		
Effective date il applicable;		(no more than 90 days after amendment file date)	<u>-</u> -
Note: If the date inserted in the document's effective date on the	is block doe	s not meet the applicable statutory filing requirements, this date will not be	e listed as the
Adoption of Amendment(s)		(<u>CHECK ONE</u>)	
The amendment(s) was/w was/were sufficient for ap	ere adopted oproval.	by the members and the number of votes cast for the amendment(s)	

D-1-4	06/14/2021
Dated	
Signatur	e
	(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)
	other court appointed inductary by that fiductary)
	Daniel H. Ramos
	•
	Daniel H. Ramos