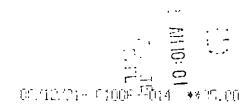
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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

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## **WALK IN**

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| XX               | CERTIFIED COPY PHOTOCOPY |          | <u>, , , , , , , , , , , , , , , , , , , </u> |             |  |
| XX               | CUS<br>FILING            | INC      | AMEND   |             |  |
|                  | LIFE HOOPS FLORID        |          |   |             |  |
| •                | (CORPORATE NAME AND DOCU | JMENT #) |   |             |  |
| •                | (CORPORATE NAME AND DOCL | JMENT #) | <u>-</u>                                      | <del></del> |  |
| •                | (CORPORATE NAME AND DOCU | MENT #)  |   |             |  |
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| PECIAL<br>NSTRUC |                          |          |   |             |  |

## Articles of Amendment to Articles of Incorporation of

| Life Hoops Florida Inc.   |  |  |
|---|--|--|
| (Name of Corporation as currently filed with the I  | Florida Dept. of State)                          |  |
| N21000008013  |  |  |
| (Docume   | nt Number of Corporation (1f)                    | (nown)   |
| Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:     | la Statutes, this <i>Florida Not F</i>           | or Profit Corporation adopts the following       |
| A. If amending name, enter the new name of the c  | corporation:                                     |  |
| name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.       | corporation" or "incorporate                     | The new d" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD.       | e:<br>DRESS)                                     |  |
| C. Enter new mailing address, if applicable: (Mailing uddress <u>MAY BE A POST OFFICE BO</u>              | <i>DX</i> )                                      |  |
| D. If amending the registered agent and/or registenew registered agent and/or the new registered          | red office address in Florida<br>office address: | , enter the name of the                          |
| Name of New Registered Agent:   |  | 0:0  |
| New Registered Office Address:  | (F   | lovida street address)                           |
|   | (0)  | Florida  |
|   | (City)   | (Zip Code)                                       |
| New Registered Agent's Signature, if changing Reg<br>I hereby accept the appointment as registered agent. | istered Agent:<br>I am familiar with and accept  | the obligations of the position.                 |
|   | Signature of New Regist                          | ered Agem, 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<br>V Mike Jo<br>SV Sally Si | ones  |                                     |
|--|--|---|-------------------------------------|
| Type of Action (Check Onc)                                 | Title                                  | <u>Name</u>                                 | <u>Addres</u> s                     |
| Change Add  Remove   | D                                      | Justin Anderson                             | 2645 Mead Ave<br>St Cloud, FL 34771 |
| 2) Change Add  | <u>D</u>                               | Renee Anderson                              | 2645 Mead Ave<br>St Cloud, FL 34771 |
| Remove 3 ) Change Add Remove                               |  |   |                                     |
| 4) Change<br>Add   |  |   |                                     |
| Remove 5) Change Add Remove                                |  |   |                                     |
| 6} Change<br>Add   | <del></del>                            |   |                                     |
| Remove  E. If amending or adding (attach additional sheet) | additional Artics. if necessary).      | les, enter change(s) here:<br>(Be specific) |                                     |
|  |  |   |                                     |

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|                       |  |                                       |                                   |                                       |
| The date th           | ate of each amendment(s) adopti<br>is document was signed.               | on:                                   |                                   | if other than the                     |
| Effect                | ive date <u>if applicable</u> :  |                                       |                                   |                                       |
|                       | <del></del>  | (no more than 90 days after am        | sendment file date)               | <del> </del>                          |
| <u>Note:</u><br>docum | If the date inserted in this block deent's effective date on the Departm | es not meet the applicable statut     |                                   | will not be listed as the             |
|                       | ion of Amendment(s)  | ( <u>CHECK ONE</u> )                  |                                   |                                       |
| □ T<br>w              | he amendment(s) was/were adopte as/were sufficient for approval.         | d by the members and the number       | er of votes cast for the amendmen | t(s)                                  |

|  | There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.  |  |  |  |  |
|--|---|--|--|--|--|
|  | August 1. 2021  |  |  |  |  |
|  | Signature  (By the 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)  Jeffrey Hoffman |  |  |  |  |
|  | (Typed or printed name of person signing)   |  |  |  |  |
|  | President and Director  |  |  |  |  |
|  | (Title of person signing)   |  |  |  |  |