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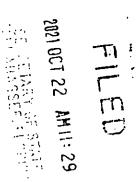
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A. RAMSEY NOV 0 2 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ETIC FOUNDATION
N21000009080 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:
Albert Wester	
	(Name of Contact Person)
Warrior Athletic Foundation	
	(Firm/ Company)
6114 Wood Creek Court	
	(Address)
Jupiter, FL 33458	
	(City/ State and Zip Code)
albert@kirbyemployeebenefits.com	
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, pleas	e call:
Albert Wester	561 707-8237 at
(Name of Contact Perso	
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy (Additional copy is enclosed) □S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Warrior Athletic Foundation, Inc.

2021 OCT 22 AM II: 29

(Name of Corporation as currently filed with the Florida	Dept. o <u>f State</u>)	SECTE VARY DE STO
N21000009080	ber of Corporation (if known)	1 1970 (SEE), EL 3)
	·	
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	aes, this <i>Florida Not For Profit</i>	Corporation adopts the following
A. If amending name, enter the new name of the corpora	<u>stion:</u>	
NA		The new
name must be distinguishable and contain the word "corpora" (Company " or "Co." may not be used in the name.	ation" or "incorporated" or the	abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS	<u>S</u>)	
	· · · · · · · · · · · · · · · · · · ·	
		
C. Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of	ffice address in Florida, ente <u>r t</u>	the name of the
new registered agent and/or the new registered office	address:	
Name of New Registered Agent:		
	(Florida str	vet address)
<u>New Registered Office Address</u> :		
NA		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	ed Agent:	ti sa si sana atahu manishan
Thereby accept the appointment as registered agent. Tam,	familiar with and accept the obl	aganons of the position.
	Signature of New Registered Ag	gent, 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 = Chie
	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 V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>T</u>	Tiffany Cava	493 Peacock Lane Jupiter, FL 33458
Remove 2) Change Add	S	Karen Barry	118 Croft Inlet Point Jupiter, FL 33458
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove			
6) Change Add Remove			
E. If amending or adding		onal Articles, enter change(s) here: essary). (Be specific)	
NA			<u>_</u>
· 			

			<u> </u>
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
·			
			
			
			
The date of each amendment(s) adoption: date this document was signed.	10/19/21		, if other than the
10/19/21			·
(n	o more than 90 days after a	mendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable state of State's records.	utory filing requirements, this date	will not be listed as the
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.

Dated	10/19/21
Signatur	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Albert Wester
	Affect wester
	(Typed or printed name of person signing)