Division of Corporations Electronic Filing Cover Sheet

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN **PUSH PASSION INC.**

كالشعيب بالباري والمراجل والأراف المراوان والمناف والمناف والماري والمراوي والمراوان والمراوان والمراوان	
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11.

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## COVER LETTER

i O:	Authenoment Section
	Division of Corporations

NAME OF CORPORATION	PUSH PASSION IN	IC.			
N DOCUMENT NUMBER:	21000011901				
The enclosed Articles of Amer	ndment and fee are subm	nitted for filing.			
Please return all correspondent	ce concerning this matter	to the following:			
	Cheye	nne Moseley			
		Name of Contact Person	()		
	Legalze	oom.com, Inc.			
	(Firm/ Company)				
	101 N. Bran	d Blvd., 11th Floor			
		(Address)			
	Glenda	ile, CA 91203			
	(	City/State and Zip Code	)		
abildavis@ao	l.com				
E-m	E-mail address: (to be used for future annual report notification)				
For further information concern	ning this matter, please o	all:			
Chayenne Moseley		800 at (	773-0888 ext. 9724		
(Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□ \$35 Filing Fee 【	□\$43.75 Filing Fee & Certificate of Status	243.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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Articles of Amendment Articles of Incorporation

	o <b>f</b>			
PUSH PASSION INC.				
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	_		
N21000011901				
(Document Number of Co	orporation (if known)	-		
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the	foliowir	ıŝ	
A. If amending name, enter the new name of the corporat	ion:			
		The new	I <del>t'</del>	
name must be distinguishable and contain the word "corpora "Company" or "Co," may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp."			
B. Enter new principal office address, if applicable:	304 Indian Trace	_		
(Principal office address <u>MUST BE A STREET-ADDRESS</u>	#804	_		
	Weston, FL 33326	•		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  304 Indian Trace				
	#804	-		
	Weston, FL 33326	-		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a				
Name of New Registered Agent:				
New Registered Office Address.	(Florida street oddress)			
	, Florida			
(City)	(Zip Code	)		
New Registered Agent's Signature, if changing Registered the appointment as registered agent. I am far		SELL LACI	2021 (	
Signature of New	Registered Agent, if changing		EC.	-1
,	Page 1 of 4	SSEE, FLO	2021 DEC 14 PM 2	FILED
		STATE	2: 36	

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:

From: Laura Rodriguez

(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.

X Change X Remove X Add	<u>V</u> <u>Mil</u>	un Doe ke Jones ly Smith	
Type of Action (Check One)	Title	Name.	<u>Addres</u> s
i) X Change	TD	KIM CHAMBERLAIN	304 Indian Trace
Add	•		#804
Remove			Weston, FL 33326
2) Change	PD	DEORAH J DAVIS	1087 DEERWOOD LN
Add			WESTON, FL 33326
X Remove			
J) Change	PD	Deborah J Davis	304 Indian Trace
X Add			#804
Remove			Weston, FL 33326
4) Change	SD	GRETCHELLE DILAN	1087 DEERWOOD LN
Add			WESTON, FL 33326
X Remove			
5) Change	SD	Gretchelle Dillan	304 Indian Trace
X Add			#804
Remove			Weston, Ft. 33326
δ) Change			
Add			·
Remove			

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	
		_
		_
		_

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	e this document was signed.	, if other than the
Eff	ective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	
Ade	option of Ameadment(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.	
8	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated The 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)	<del></del>
	Deporah Davis	
	(Typed or printed name of person signing) President	
	(Title of person signing)	

