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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ARIMIR SERVICES GROUP LLC

Account Number : I20200000022 Phone : (305)298-6579 Fax Number : (305)643-5225

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

COR AMND/RESTATE/CORRECT OR O/D RESIGN LET'S GO CHAMP ARMY INC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$35.00



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Articles of Amendment 10 Articles of Incorporation

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of	2023 HAY 31 AH 9: 25
LETS GO CHAMP ARMY INC	SECRETAL
Name of Corporation as currently filed with the Florida Dept. of State)	TALLAHASSEE
N22000002611	
(Document Number of Corporati	on (if known)
cursuant to the provisions of section 617.1006, Florida Statutes, this Florida mendment(s) to its Articles of Incorporation:	Not For Profit Corporation adopts the following
. If amending name, enter the new name of the corporation:	
OGAERT FAMILY FOUNDATION INC	The new
name must be distinguishable and contain the word "corporation" or "inco "Company" or "Co." may not be used in the name.	"poruled" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	!
· 	
	
. Enter new mailing address, if applicable:	1
(Mailing address MAY BE A POST OFFICE BOX)	· ·
	:
	<u>, , , , , , , , , , , , , , , , , , , </u>
o. 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:	
New Registered Office Address:	(Florida strost address)
(City)	Florida (Zip Code)
lew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with an	t accept the obligations of the position.
Secretaria at Na	w Registered Agent, if changing

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The date of each amendate this document was	dmcnt(s) adoption:signed.		if other th	uan the
Effective date if applic		han 90 days after amendment file date	0	~
Mata If the data has		the applicable statutory filing require		the
document's effective da	te on the Department of State	in approach stantony many require is records.	District Control of the Control of t	
Adoption of Amendme	ent(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.

and address of each O (Attach additional sheet Please note the officerle P = President; V = Vice Executive Officer; CFO held. President, Treasu	fficer and/or Dir is, if necessary) director title by the President; T= To = Chief Financi- rer, Director would ad in the following eaves the corpora	ector being added to first letter of the creasurer; S= Secret al Officer. If an off id be PTD. g manner, Currentlytion, Sally Smith is	: office title: tary: D= Director: TR=1 ficer/director holds more	er/director being removed and title, we restree: C = Chairman or Clerk; CEO rehan one title, list the first letter of each the PST and Mike Jones is listed as the V. the should be noted as John Doe, FT as a	• Chief office There is
Example: X Change X Remove	V Mike	Doe Jones		<u> </u>	
X Add	SV Sally	<u>/ Smith</u>			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addrés</u> s 	
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Remove					-
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Remove Change Add Remove					
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5) Change Add					
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Remove					_
E. If amending or au (usuch additional s			uge(s) here:		
					Augusta Sandina
					—

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 5/30/2023			
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)			
JOSE A BOGAERT			
(Typed or printed name of person signing)			
PRESIDENT			
(Title of person signing)			