N22000003290

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COVER LETTER

TO: Amendment Section Division of Corporations

T-Town Wrestling Clu NAME OF CORPORATION:	ıb, Inc.		
N22000003290			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submi	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
Joe McMillan			
(Name of Contact Po	erson)	
	(Firm/ Company	y')	
1106 Brandt Drive			
	(Address)		
Tallahassee, Fl 32308			
(City/ State and Zip	Code)	
tallahasseewrestlingclub@gmail.com			
E-mail address: (to be used	for future annual re	port notification	1)
For further information concerning this matter, please of	call:		
Joe McMillan	at	850	2282180
(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida	Department of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	Filing Fee cate of Status ed Copy tional Copy is sed)

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

T-Town Wrestling Club, Inc (Name of Corporation as currently filed with the Florida Dept. of State)			2024 JAN ~3 AM IO: O			
			TOTA CHIN - 3	AIT IU: U4		
N22000003290					J. Vinit	
(Docum	nent Numbe	er of Corporation (if k	nown)	TALLAHASSE	E. FLURIDA	
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida Not Fo</i>	r Profit Corp	oration adopts the	following	
A. If amending name, enter the new name of the	e corporati	ion:				
Tallahassee Wrestling Club, Inc.					_The new	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "incorporated	l" or the abbi	reviation "Corp."	or "Inc."	
R. Enter new principal office address if applica	hle:	1106 Brandt Drive				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE		Tallahassee, FL	_, _,			
		32308			-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1106 Brandt Drive				
		Tallahassee, FL				
		32308			<u>-</u>	
D. If amending the registered agent and/or regis			enter the na	me of the		
new registered agent and/or the new register	<u>ed office a</u>	ddress:				
Name of New Registered Agent:	Joe McMi	llan				
	1106 Bran	dt Drive				
	(Florida street address)					
New Registered Office Address:						
	Tallahasse	e		_, Florida		
		(Ciṇ)		(Zip Code)		
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agen			the obligation	ns of the position.		
	Fut	a lor	m/n	<u></u>		
_	Siz	gnature of New Regist	ered Agent, ij	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 V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
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The date of each amendment	(s) adoption:			· · ·		, if other than	n the
date this document was signed	·						
Effective date if applicable:	1/4/2023						
	(no m	ore than 90 da	vs after amen	dment file dat	e)		

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

☐ · 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 1-4-2024	
Signature In My/m	
(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)	
Filmore "Joc" MMillan (Typed or printed name of person signing)	
Chairman	
(Title of person signing)	

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