N22000011154

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocament Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. Ho.
NOVICENE
NOV - 8 - 2774

Office Use Only



300438114023

1024 OCT 22 PH 1: 23

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BYONCO Elite Wrestling Club, Inc.
DOCUMENT NUMBER: N 22000011154
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Haley Duvbin (Name of Contact Person)
Bronco Elite Wrestling Club/ Black Creek Wrestling (Firm/Company)
5705 Short Horn Rd (Address)
Middleburg, FL 32068 (City/ State and Zip Code)
broncoelitewrestling @ amail-com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Haley Durbin at 904 309-0975 (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 \$\text{S43.75 Filing Fee & Certificate of Status}\$ Certificate of Status (Additional copy is enclosed) \$\text{S43.75 Filing Fee & Certified Copy} (Additional Copy is Enclosed) \$\text{S52.50 Filing Fee & Certificate of Status} (Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Address

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

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

Bronco Elite Wrestli (Name of Corporation as currently filed with the Flor	ng Club, ly	16. 2024 OCT 22 PM 1: 2	3
N22000011154	ida Dept. of State)	第二节 次,江东\$JAIE	
	lumber of Corporation (if k		4
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following	g
A. If amending name, enter the new name of the corp	ooration:		
Black Creek Wrestling name must be distinguishable and contain the word "cory" (Company" or "Co." may not be used in the name.	poration" or "incorporated	The nev	μ ,
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR.)	ESS)		<u>-</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	nıa		-
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		enter the name of the	-
Name of New Registered Agent: 1	ΙΔ	White the second	-
New Registered Office Address:	(F)	orido street address)	-
	(2)	, Florida	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a	(City) ered Agent: om familiar with and accept	(Zip Code) the obligations of the position.	
	Signature of New Regist	ered Agent, 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 I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change Add	<u>P</u>	Heather Woodard	3082 Angora Bay Dr. Middleburg, FL 32008
Remove 2) Change Add	I	Lisa Grolla	2956 Llama Ct. Miodeburg, FL 32068
Remove Change Add Remove	VP	Paul Leanc	5705 Short Horn Rd Micakburg, FL 32008
4) X Change Add	<u>P</u>	Haley Durbin	5705 Short Horn Rd Mindle Durg, FL 32008
Remove 5) Change Add	<u>_S</u>	Ashley Blowin	2055 Bluewave Dr. Middleburg, FL 32008
Remove 6) Change Add	T	Kelly Robertson	U330 Antiers Run Dr Baidwin, FL 32234
E. If amending or add	ing additional A	rticles, enter change(s) here: $\#$ 5 e	e next page
n a			

	 -
	
	
	
The date of each amendment(s) adoption:	if other than the
•	
Effective date if applicable: 10/17/2024 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	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.	

There are no members or madopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	1/17/2024
Signature	U. R. Black
have not	chairman or vice chairman of the board, president or other officer-if directors to been selected, by an incorporator — if in the hands of a receiver, trustee, or part appointed fiduciary by that fiduciary)
	Coll R. Robertson
	(Typed or printed name of person signing)
	Commissioner of the Board (Title of person signing)