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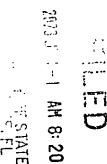
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

PENSAC NAME OF CORPORATION:	COLA POWER INC				
N220000128 DOCUMENT NUMBER:	[9 				
The enclosed Articles of Amendment and	fee are submitted for fili	រាម្ត.			
Please return all correspondence concerni	ng this matter to the follo	owing:			
	Anthony	Morales			
	(Name of Co	ontact Person)			
	MyUSACorp	oration.com			
	(Firm/ C	Company)	•		
	1 Radisson Pla	za, Suite 800			
	(Ad	dress)			
	New Rochelle, N	lew York 1080	1		
	(City/ State)	and Zip Code)			
	·	corporation.con			
	: (to be used for future ar	inual report not	tification)	
For further information concerning this m	atter, please call:				
Anthony Morales		(877) at) 	330-2677	
(Name of Cor	ntact Person)	(Area	Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amo	unt made payable to the	Florida Departi	ment of	State:	
□ \$35 Filing Fee □\$43.75 Fil Certificate	ing Fee & S43.75 Fil c of Status Certified (Additional enclosed)	Copy al copy is	Certifi Certifi) Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section Division of Corporation P.O. Box 6327	s	Street Ac Amendme Division of The Cent	ent Secti of Corpo		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

MED 2023 1 1-1 AH 8: 20

PENSACOLA POWER INC

(Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the folloamendment(s) to its Articles of Incorporation: A. <u>If amending name, enter the new name of the corporation:</u> SPORTS GIVING, INC.	STATE
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the folloamendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: SPORTS GIVING, INC. The name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "incorporated" or "incorporated" or the abbreviation "Corp." or "incorporated" or "incorporated" or "incorporated" or "incorporated" or "incorporated" or "inco	<u> </u>
A. If amending name, enter the new name of the corporation: SPORTS GIVING, INC. Ithame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "incorporated" or "incorporated" or the abbreviation "Corp." or "incorporated" or "in	
SPORTS GIVING, INC. The name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "incorporated" o	owing
The name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "i "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable:	
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "i "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable:	e new
C. Enter new mailing address, if applicable:	
	
D. 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:	
(Florida street address) New Registered Office Address:	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position	
т истелу чесерь те арроличист ав гедометей адет. Тат јатиш wun ина ассерь те отпуснот ој те розион	

Signature of New Registered 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 A Add	PT John Do V Mike Jo SV Sally Sr	one <u>s</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
i) Change Add	DIR	EDWIN A WEIHENMAYER	16158 BRIDGEPARK DR. PENSACOLA, FL 33547
xRemove			
2) Change Add	DIR	CHRISTOPHER AMOS	11225 COVENTRY GROVE CIR. LITHIA, FL 32547
Remove 3) Change Add Remove			
4) Change Add			77.441
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending or addin</u> (attach additional shee		icles, enter change(s) here; (Be specific)	

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The date of each amendment(s) adoption	1:			if other than the
date this document was signed.				. If other man (ne
Effective date <u>if applicable</u> :	(no more than 90 days	after amendment ti	le date)	

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)

	02/15/2023
Dated	
Signatu	(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)
	other court appointed fiduciary by that fiduciary)

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