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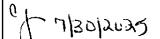
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	CE CHAMPTIONS I	FOUNDATIO	NS, INC
DOCUMENT NUMBER:		· · · ·	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Dr. Linda Collymore			
	(Name of Contact Pe	rson)	
Dominion Business Enterprises, Inc.			
	(Firm/ Company	·)	····
4119 West Blue Heron Boulevard 466			
	(Address)		
Riviera Beach, FL 33404			
	(City/ State and Zip (Code)	• • • • • • • • • • • • • • • • • • • •
dominionbiz@yahoo.com			
E-mail address: (to be used	f for future annual rep	ort notificatio	n)
For further information concerning this matter, please	call:		
Dr Linda Collymore	at	561	292-2777
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida I	Department of	State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations	An	eet Address nendment Sect vision of Corpo	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

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THE WILLIE SPENCE CHAMPTIONS FOUNDA	ATIONS, INC.	2025
(Name of Corporation as currently filed with the	Florida Dept. of State)	2025 July 11 PA 3
N23000002705		
(Docum	nent Number of Corporation (if	known) .
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not</i> .	For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
WILLIE SPENCE CHAMPIONS FOUNDATION	, INC.	The naw
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		
B. Enter new principal office address, if applica	4119 WEST BLUI	EHERON BOULEVARD
(Principal office address MUST BE A STREET A		
	RIVIERA BEACH, FL 33404	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX) 4119 WEST BLUI	E HERON BOULEVARD
	SUITE 66	
	RIVIERA BEACE	1, F1, 33404
D. If amending the registered agent and/or registered agent and/or the new register		la, enter the name of the
Name of New Registered Agent:	Dominion Business Enterprise	es, Inc.
	4119 West Blue Heron Boule	vard
New Registered Office Address:		(Florida street address)
	Riviera Beach	. Florida 334(14
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I	Registered Agent:	

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
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	g additions. if nece	onal Arti ≀ssary).	cles, enter change(s) here: (Be specific)	

	
•	
The date of each amendment(s) adoption: June 3, 2025	To ask an along the
date this document was signed.	, if other than the
tune 3, 2025	
Effective date if applicable:	
(no more than 90 days after amendment file 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.	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
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)
Sharon Spence
(Typed or printed name of person signing)
President

(Title of person signing)