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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	is rootoan roundation if	1C.		
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Jennifer Moody				
 	(Name of Contact I	Person)		
	(Firm/ Compar	ny)		
15606 Gardenside Lane				
	(Address)			
Tampa, Florida 33624				
	(City/ State and Zip	Code)		
tampabayinferno@gmail.com				
E-mail address: (to be	used for future annual re	port notif	ication)
For further information concerning this matter, p	dease call:			
Bianca Brignac	а	225 t		327-6066
(Name of Contact Pe		(Area C	ode)	(Daytime Telephone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida	Departme	ent of !	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta		is 6	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ā D	treet Add mendment ivision of he Centre	t Secti Corpo	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Inferno Women's Football Foundation, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N23000003514 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "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: (Mailing address MAY BE A POST OFFICE BOX) 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: Florida 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.

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>V</u>	John Do Mike Jo Sally Su	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change Add				2028 APR
Remove				= = = = = = = = = = = = = = = = = = =
2) Change Add				
Remove 3) Change Add Remove			·	<u> </u>
4) Change Add				
Remove 5) Change Add				
Remove 6) Change Add Remove				
<u></u>			cles, enter change(s) here: (Be specific)	
Article VIII:				
Upon the dissolution of th	nis corpora	ation, ass	sets shall be distributed for one or more exemp	ot purposes within the
meaning of Section 501(c	(3) of the	Internal	Revenue Code, or corresponding section, of	any future federal tax
code, or shall be distribute	ed to the fe	ederal ge	overnment, or to the state or local government	, for a public purpose.

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		.)
The date of each amendment(s) adop date this document was signed.	tion:	if other than the
Effective date if applicable:	(no more than 90 days after amendment file da	
	(no more than 90 days after amendment file da	nte)
<u>Note:</u> If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requitment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop was/were sufficient for approval.	ted by the members and the number of votes cast	for the amendment(s)

Signatur	Jennifer Moody
,	(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)
	Jennifer Moxdy
	(Typed or printed name of person signing)
	(Typed or printed name of person signing) Secretary (Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

