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MINTER OF SHAFE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: H3SPORTS II	NC.					_
N23000006148 DOCUMENT NUMBER:						
The enclosed Articles of Amendment and fee a						_
Please return all correspondence concerning thi	s matter to the following:					
Sidney Newcomb						
	(Name of Contact P	erson)				_
	(Firm/ Compan					_
	(Pirm/ Compan	y)				
9850 Heron Pointe Dr						
	(Address)					_
ORLANDO FL, 32832						
	(City/ State and Zip	Code)				_
spnewks@gmail.com				ري سرت	202	
E-mail address: (to b For further information concerning this matter, p	e used for future annual repolease call:	nort notificatio	n)	DRETA ALLA	MAY 2	را ال ال
Sidney Newcomb	:it	(Area Code)	6507992178	7.7 3.5		
(Name of Contact P	erson)	(Area Code)	(Daytime Telep	hone Num	be <u>rl</u>	
inclosed is a check for the following amount ma	ade payable to the Florida	Department of		門對	57	
■ \$35 Filing Fee □S43.75 Filing Fe Certificate of St		Certif s Certif	O Filing Fee icate of Status ied Copy tional Copy is used)			
Mailing Address	Çt.	ont Address				

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

H3SPORTS INC. (Name of Corporation as currently filed with the Flo	all D at Co)		
N23000006148	rida Dept. of State)		
(Document	Number of Corporation (if known)		
Pursuant to the provisions of section 617,1006, Florida 5 amendment(s) to its Articles of Incorporation:	•	ation adopts th	e followii
A. If amending name, enter the new name of the cor	poration:		
name must be distinguishable and contain the word "co. "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the abbrev	iation "Corp."	The net or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	l office address in Florida, enter the name fice address:	of the	2021
Name of New Registered Agent:		ALLAR ALLAR	. КА [†] 21
New Registered Office Address:	(Florida street address)	ີພະນະ ເກີນ ເຈດ,	
	(City)	lorida <u> </u>	: 57
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I a	ered Agent: im familiar with and accept the obligations o	of the position.	
	Signature of New Registered Agent, if ch		

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>Doe</u> Jones Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change Add				
Remove				
2) Change Add	·			
Remove 3) Change Add Remove			2021 SEC	
4) Change Add		·	E AY 21	
Remove 5)ChangeAdd				 - - 4: 2
Remove 6)Change				
Add Remove				
(attach additional sl	neets, if necessary).	rticles, enter change(s) here; (Be specific)		
See Attach	ment			

		
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The date of each amendment(s) adoption: date this document was signed.		other than the
Effective date if applicable:		
()10	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does is document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be li- of State's records.	sted as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes east for the amendment(s)	

Dated	
ignatu	· · · · · · · · · · · · · · · · · · ·
	(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)
	Sidney Newcomb
	•
	(Typed or printed name 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.

SECRETARY OF STATE

Addendum to the Articles of Incorporation

Article IX: Purpose Clause

This organization is organized exclusively for charitable, educational, religious, and/or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, and shall not inure benefit or earnings to any private shareholder or individual.

Article X: Dissolution Clause

Upon the winding up and dissolution of this organization, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation, or corporation which is organized and operated exclusively for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. This may include distribution to another tax-exempt organization under Section 501(c)(3), or the assets may be distributed to the federal government, or to a state or local government, for a public purpose.

