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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Flying Fa	Icons Eli	te Trac	h Club Inc.	
DOCUMENT NUMBER: W 230000	0 1875	_		
The enclosed Articles of Amendment and fee are sub-	mitted for filing.			
Please return all correspondence concerning this matte	er to the following:			
Jula McCray				
	(Name of Contact	Person)		
N/A				
147.11	(Firm/ Compa	nny)		
3044 Postmill Dr				
3 11 103111111 31,	(Address)			_
Oranse Park Fl 32073				
	(City/ State and Z	p Code)		
Flyingfalconselite@gmail. C E-mail address: (to be used	e M	roport positio	ttop)	
		report nounce		
For further information concerning this matter, please				
Juby McCray (Name of Contact Person		410	419 6627	
(Name of Contact Person)	(Area Cod	le) (Daytime Telephone Number	.)
Enclosed is a check for the following amount made pa	avable to the Florid	a Department	of State:	
S35 Filing Fee □S43.75 Filing Fee & Certificate of Status		ee & □\$5 Ce v is Ce (A	2.50 Filing Fee ortificate of Status ortified Copy dditional Copy is nelosed)	
Mailing Address	-	Street Addre		
Amendment Section		Amendment S		
Division of Corporations P.O. Box 6327		Division of Co The Centre o	orporations of Tallahassee	
Tallahassee, FL 32314			rroe Street, Suite 810	
	-			

Tallahassee, FL 32303

Articles of Amendment

6171

			Articles of Incorporati
			of
Flyins Falcons	Elite	Frack	Club Inco
(Name of Corporation as cu	rrently file	d with the b	Horida Dept. of State)

(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: The new 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 sircei 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.

and address of each Oft (Attach additional sheets Please note the officer di P = President; V = Vice)	icer and/or Dire , if necessary) rector title by the President: T= Tre = Chief Financial	ctor being added: first letter of the office title: vasurer; S= Secretary; D= Director; TR= (Officer, If an officer director holds more	rer/director being removed and title, name, Trustee: C = Chairman or Clerk: CEO = Chief than one title, list the first letter of each office
	wes the corporati	on, Sally Smith is named the V and S . Thes	ne PST and Mike Jones is listed as the V. There is e should be noted as John Doe, PT as a Change.
Example: X Change X Remove X Add	PT John 1 V Mike J SV Sally S	lones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>C </u>	Juba McCray	3044 Postmill de Ornnge Park
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		ticles, enter change(s) <u>here</u> : (Be specific)	
and the direc	s Myselt (Jusy McCray) the C	hief Executive Officer

	-
,	
	
	
	
	
date this document was signed.	_, if other than the
Effective date if applicable: 7-11-23 (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.	oe 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.	

L	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated 7-11-23
	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 (iduciary by that fiduciary)
	Juba McCray
	(Typed or printed name of person signing)
	Chief Executive Officer
	(Title of person signing)