N24000013823

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Fitorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
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2024 DEC 17 PM 12: 46

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, Fl. 32314

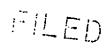
NAME OF CORPORATION: Orlando Gayming L	æague Inc
N24(XXXX)13823 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Johan Colon-Sanchez	
	(Name of Contact Person)
Orlando Gayming League Inc	
	(Firm/ Company)
3629 Keyworth St	
	(Address)
Apopka, F1, 32712	
	(City/ State and Zip Code)
je@johancolon.com	
E-mail address: (to be used	d for future annual report notification)
For further information concerning this matter, please	e call:
Johan Colon-Sanchez	321 614-0864
(Name of Contact Person	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	M\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of



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Orlando Gayming League Inc

2024 DEC 17 PM 12: 46

			OCC 1 / PM 12-12
Name of Corporation as currently filed with the	Florida Dept. of	State)	PM 12: 46
N24000013823		Ĩ.A	ALLAHASSEE ET ONE
(Docum	nent Number of Co	rporation (if known)	-
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this F	Torida Not For Proj	fit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:		
N/A			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		"incorporated" or t	
B. Enter new principal office address, if applica	N/A		
(Principal office address MUST BE A STREET A			
		v 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>N/A</u>		
D. If any adding the majetaned areas and for maje		:- Florida4	the some of the
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new register		ess in riorida, enter	the name of the
	N/A		
Name of New Registered Agent:	N/A		
		(h'Israels e	(reet address)
New Registered Office Address:		17 107 1242 34	reer uduressy
**			, Florida
	(City))	(Zip Code)
New Registered Agent's Signature, if changing I	Dogistand Agents		
I hereby accept the appointment as registered agen		ith and accept the ol	bligations of the position.
	•	,	. ,
_	Signature	of New Registered A	gent, 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.

V Mike Jo	nes	
<u>Title</u>	Name	Address
<u>PCCEO</u>	Johan Colon-Sanchez	3629 Keyworth St Apopka, FL 32712
<u>T</u>	Jessie Colon-Sannchez	3629 Keyworth St Apopka, Fl. 32712
<u>S</u>	Cardell Michael	3629 Keyworth St Apopka, FL 32712
<u>D</u>	Lombardi Cuomo	428 Prairie Dune Way Orlando, FL 32828
D	Derrick Cuomo-Lombardi	428 Prairie Dune Way Orlando, FL 32828
	-	
	he organization. Jessie is Treasurer of the org	anization. Cardell is the
	Y Mike Jo SV Sally Sr Title PCCEO T S D D d-party filing complementation of the second of the	V Mike Jones SV Sally Smith Title

of this EIN notice will be included with this revision packet.	·
of this Environce will be included with this fevision packet.	
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
Effective date <u>if applicable</u> : (no more than 90 days after amendment j	(ile date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the

(CHECK ONE)

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

Adoption of Amendment(s)

was/were sufficient for approval.

Dated	12/10/2024
Cimatu	
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)
	Johan Colon-Sanchez
	(Typed or printed name of person signing)

(Title of person signing)

FILED
2024 DEC 17 PM 12: 46

Date of this notice: 12-03-2024

Employer Identification Number:

33-2220734

Form: SS-4

Number of this notice: CP 575 E

ORLANDO GAYMING LEAGUE INC 3629 KEYWORTH ST APOPKA, FL 32712

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 33-2220734. This EIN will identify your entity, accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for business and tax purposes. Some taxpayers receive CP575 notices when another person has stolen their identity and are operating using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status, organizations must complete an application on one of the following forms: Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; Form 1023-EZ, Streamlined Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; Form 1024, Application for Recognition Under Section 501(a); or Form 1024-A, Application for Recognition Under Section 501(c)(4) of the Internal Revenue Code.

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-E2, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

If you become tax-exempt, you will lose tax-exempt status if you fail to file a required return or notice for three consecutive years, unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File). We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter. For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.