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TO: Amendment Section Division of Corporations

SOUTH FLORIDA HOCKEY INIT	TATIVE FOUNDATION
N25000003881	
The enclosed Articles of Amendment and fee are submitted for filing	
Please return all correspondence concerning this matter to the followi	ng:
JENIFFER PLAZA	
(Name of Cont	act Person)
MF TAX GROUP	
(Firm/ Cor	npany)
8409 N MILITARY TRAIL STE 119	
(Addre	rss)
PALM BEACH GARDENS, FL 33410	
(City/ State and	I Zip Code)
JENIFFERP@MFTAXGROUP.COM	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, please call:	
JENIFFER PLAZA	561 691-1100
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Flo	orida Department of State:
S35 Filing Fee S43.75 Filing Fee S43.75 Filing Certificate of Status Certified Co (Additional cenclosed)	oy Certificate of Status

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

SOUTH FLORIDA HOCKEY INITIATIVE FOUNDATION

(Name of Corporation as currently filed with the Flor	rida Dept. o	f State)		
N25000003881				
(Document §	Number of C	orporation (if kr	nown)	
Pursuant to the provisions of section 617,1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this	Florida Not Fo	r Profit Corporati	on adopts the following
A. If amending name, enter the new name of the corp	poration:			
				The new
name must be distinguishable and contain the word "cor"Company" or "Co." may not be used in the name.	rporation" o	r "incorporatea	" or the abbrevial	ion "Corp." or "Inc."
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS)			~ 1
			-	378
		<u> </u>		22 25
C. Enter new mailing address, if applicable:				(S)
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
				1 <u></u>
				9
D. If amending the registered agent and/or registered			enter the name o	
new registered agent and/or the new registered of	ffice address	<u>:</u>		
Name of New Registered Agent:				
_		(Fl	orida street address)	
New Registered Office Address:				
			Flo	orida
	(Cir,	עי	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I de-	stered Agent	: with and accept	the obligations of	the position.
The co, decept the appointment as registered agent. The	yaiminar y	and accept	Junganuna aj	promiser
	Signatur	e of New Registe	ered Agent, if char	nging

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 Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: essary). (Be specific)	
THE SAID ORGANIZAT	TION IS	ORGANIZED EXCLUSIVELY FOR CHARITAE	LE, RELIGIOUS, EDUCATIONAL.
AND SCIENTIFIC PURE	POSES. I	NCLUDING, FOR SUCH PURPOSES, THE MAI	KING OF DISTRIBUTIONS TO
ORGANIZATIONS THA	AT QUAI	IFY AS EXEMPT ORGANIZATIONS DESCRIE	BED UNDER SECTION 501(C)(3) OF
THE INTERNAL REVE	NUE CO	DE, OR CORRESPONDING SECTION OF ANY	FUTURE FEDERAL TAX CODE.

EXEMPT PURPOSES WITHIN T	THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.	
OR CORRESPONDING SECTION	N OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO T	
FEDERAL GOVERNMENT, OR	TO A STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE.	
		
The date of each amendment(s) a date this document was signed.	adoption: JULY 15, 2025 if o	other than the
Effective date if applicable:		
Enective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the D	lock does not meet the applicable statutory filing requirements, this date will not be list repartment of State's records.	ed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a was/were sufficient for approx	adopted by the members and the number of votes east for the amendment(s) val.	

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There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.					
JULY 16, 2025 Dated					
Signature Male Arry					
(By the chairman of 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)					
MARIELA ARROYO					
(Typed or printed name of person signing)					
TREASURER					
(Title of person signing)					