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COVER LETTER

TO: Amendment Section Division of Corporations
SHARK FLITE INC.
NAME OF CORPORATION: HARD LAIL TIME.
DOCUMENT NUMBER: N250000 4095
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RDBIR MCBRIDE
(Name of Contact Person)
SHARK FLITE INC.
(Firm/ Company)
1500 BEVILLE BD STE 606-326
(Address)
DAYTONA BEACH, F-L 32114
(City/ State and Zip Code)
sharkeliteboosters@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FORIA MEBRIDE at 386-682-8497 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
(Additional copy is Certified Copy enclosed) (Additional Copy is
Enclosed)
Mailing Address Street Address

Tallahassee, FL 32303
Articles of Amendment to

Amendment Section

P.O. Box 6327

FL 32314

Division of Corporations

Amendment Section

2415 N. Monroe Street, Suite 810

Division of Corporations

The Centre of Tallahassee Tallahassee,

		FII -
Article	s of Incorporation	' 'LED
<u> </u>	of	2025
SHARK ELL	TE TNC	FILED 2025 JUL-7 AM 10:42
(Name of Corporation as currently filed with the Florida I	ept. of State)	The Marian
11/25 0000040	<u>195</u>	
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the corporat	tion:	
		The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the	abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	
		<u></u>
		
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 offi		he name of the
new registered agent and/or the new registered office a	<u>(ddress:</u>	
Name of New Registered Agent: V	othusin	mons
10-	19 NI libbu	7 2 4
	(Florida stree	er address)
New Registered Office Address:		
Dac	itora Beac	h Florida 32117
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered.	Agent.	
Thereby accept the appointment as registered agent. I am fan		gations of the position.
	Con	N949_
Si	gnature of New Registered Age	nt, 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:

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)	Title	<u>Name</u>	Address
1) Change Add	_	Dorothy Simmons	Daytona Beach, Ft 3017
Remove			
2) Change Add	_		
Remove 3) Remove Add Remove			
4) Change	_		
Remove			
5) Change	_		
Remove			
6) Change	_		
Remove			
E. If amending or addin additional sheets, if nec	g additie essary).	onal Articles, enter change(s) here: (attach (Be specific)	
			

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Ade	option of Amendment(s)	(CHECK ONE)		
	The amendment(s) was/were adopted was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)		
V	There are no members or members e adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were		
	Dated 6	212025		
	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 induciary by that fiduciary)		
		TOBIA MEBBIDE (Typed or printed name of person signing)		
		PECRETARY	2025	
		(Title of person signing)	2025 JUL - T	7
			Y CF ST	