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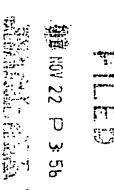
| (Requestor's Name) |
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| (Business Entity Name) |
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| LAKELAND FUTBO | OL CLUB, INC | | |
|--|-------------------------------|-------------|----------------------------|
| N49837 DOCUMENT NUMBER: | | | |
| | | | |
| The enclosed Articles of Amendment and fee are subn | utted for filing. | | |
| Please return all correspondence concerning this matte | r to the following: | | |
| STEPHANIE KEEN | | | |
| | (Name of Contact Person |) | |
| LAKELAND TROPICS FUTBOL CLUB | | | |
| · · · · · · · · · · · · · · · · · · · | (Firm/ Company) | | |
| 1125 BARTOW ROAD SUITE 301 | | | |
| | (Address) | | |
| LAKELAND, FL 33801 | | | |
| | (City/ State and Zip Code |) | |
| LAKELANDFUTBOL@GMAIL.COM | | | |
| E-mail address: (to be used | for future annual report n | otification |)) |
| For further information concerning this matter, please | call: | | |
| STEPHANIE KEEN | 904 at | , | 334-4261 |
| (Name of Contact Person | (Are | ea Code) | (Daytime Telephone Number) |
| Enclosed is a check for the following amount made page | yable to the Florida Depa | rtment of | State: |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & | □\$43.75 Filing Fee & | □\$52.5 | 0 Filing Fee |
| Certificate of Status | Certified Copy | | icate of Status |
| | (Additional copy is enclosed) | | ied Copy tional Copy is |
| | enerotical, | Enelo | |
| Mailing Address | Street Address | | |
| Amendment Section | | ment Secti | |
| Division of Corporations | Division | n of Corpo | rations |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| LA | KFI | .AND | FUTRC | ום ונ | HB | INC |
|----|-----|------|-------|-------|----|-----|
| | | | | | | |

| LAKELAND FOIBOL CLOB, INC | | |
|---|-------------------------------------|----------------------------------|
| (Name of Corporation as curr | ently filed with the Florida Dep | t. of State) |
| N49837 | | |
| (Document Nur | nber of Corporation (if known) | |
| Pursuant to the provisions of section 617,1006, Florida Statiamendment(s) to its Articles of Incorporation: | utes, this Florida Not For Profit (| Corporation adopts the following |
| A. If amending name, enter the new name of the corpor | ration: | |
| LAKELAND TROPICS FUTBOL CLUB, INC | | The new |
| name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name. | ration" or "incorporated" or the | |
| B. Enter new principal office address, if applicable: | 1125 BARTOW ROAD | |
| (Principal office address MUST BE A STREET ADDRES | SUITE 301 | |
| | LAKELAND, FL 33801 | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 1125 BARTOW ROAD | |
| · · · · · · · · · · · · · · · · · · · | SUITE 301 | |
| | LAKELAND, FL 33801 | |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent: | | e name of the |
| 1125 B | BARTOW ROAD, SUITE 301 | |
| New Registered Office Address: | tFlorida sirec | et address) |
| • | LAND, FL | , Florida 33801 |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Register | od Agent | |
| I hereby accept the appointment as registered agent. I am | | gations of the position. |
| | | |
| | Signature of New Registered Age | ont, if changing. 10V 22 |
| | Page 1 of 4 | क विकास |

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:

tAttach 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.

| Type of Action (Check One) Title Name Address 1) Change | Example: X Change X Remove X Add | PT John I V Mike SV Sally | <u>Jones</u> | |
|---|----------------------------------|---------------------------------|--------------|-----------------|
| | Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| AddRemove 3.)ChangeAddRemove 4)ChangeAddRemove 5)ChangeAddRemove | Add | | | |
| | Add | | | |
| | Add | | | |
| 5)Change | Add | | | |
| 6) Change | 5) Change Add | | | |
| Remove | 6) Change Add | | | |

| (attach additional she | ng additional Art ets, if necessary). | (Be specific) | | | |
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| The date of each amendment(s) a late this document was signed. | doption: | , if other than the |
|---|---|---------------------|
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this blocument's effective date on the Do | ock does not meet the applicable statutory filing requirements, this date will not be epartment of State's records. | listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were a was/were sufficient for approv | adopted by the members and the number of votes cast for the amendment(s) val. | |
| There are no members or men adopted by the board of direct | obers entitled to vote on the amendment(s). The amendment(s) was/were tors. | |
| Dated | | |
| Signature | Jorga (alla | |
| (By the clim have not be | frman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary) | |
| DARAG | GH CULLEN | |
| _ | (Typed or printed name of person signing) | |
| PRESI | DENT - BOARD OF DIRECTORS | |
| | (Title of person signing) | |