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9/14/18

## COVER LETTER

TO: Amendment Section Division of Corporations

Otrora	. Dm - a	10 10 - 11	
NAME OF CORPORATION: (MICAU)	o Victa and	X Sports andle 1	II, INC
DOCUMENT NUMBER: 1 09000	62369		
The enclosed Articles of Amendment and fee are su	ibmitted for filing.		
Please return all correspondence concerning this ma	itter to the following:		
Clifton Coma	Stv0		
Chicago Pra	Name of Contact Person	Is Grelle 11, Inc	
2 Independ	Firm Company  ON  Address	Ste 101	
Jacksonville	. VA 3220 City/ State and Zip Cod	12	
	City/ State and Zip Cod	e e	
E-mail address: (to be u	sed for future annual report	notification)	
For further information concerning this matter, plea-	se call:		
Olfton Comastro	<del></del>	,354-7747	
Name of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Address	
Amendment Section		Iment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
Tallahassec, Ft. 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

9/14/18

## Articles of Amendment to Articles of Incorporation

	Articles of incorporation
Chicago Prza i	and Sports Civille 11, Inc
(Name of Corp	oration as currently filed with the Florida Dept. of State)
7090XX	102309
1)	Document Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Fits Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of	the corporation:
	The new
"Corp.," "Inc.," or Co.," or the designation ' word "chartered," "professional association," t	
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>EBOX</u> )
	gistered office address in Florida, enter the name of the
new registered agent and/or the new regis	tered office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) , Florida
New Designation of Across St. 1881	n Registared Agent:
New Registered Agent's Signature, if changin I horeby accept the appointment as registered as	g Registered Agent: gent. I am jamiliar with and accept the obligations of the position.
	Signature of New Registered Agent, 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.

Example: X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Address</u>
1) Change	V Kaven Comastro	
Add .		Jacksonville KI 32240
Remove		
2) Change		
Add		
Remove		
3 ) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

Attach <i>aa</i>	ng or adding addition ditional sheets, if neces.	sary). (Be specific,	}			
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If an ame	ndment provides for a ns for implementing th	in exchange, reclass	ification, or cane	ellation of issued s	hares,	
<u>provisio</u> (if n	ot applicable, indicate i	<u>ve amenoment ij no</u> V21)	contained in the	antenument asen,	<u>.</u>	
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			<del>-</del>			
<del>-</del>		-				
	···					

aliulia	
The date of each amendment(s) adoption: The date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days ofter amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	Il not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9/14/18	
Signature Fare Comastio	<del></del>
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
() speak of printed mane of person signing)	
Vice tresident	
(Title of person signing)	