Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100000788183)))



HIDDROOTB8183ABCC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

DID APR -7 AM 8: 00

COR AMND/RESTATE/CORRECT OR O/D RESIGN SPORTS SUPPLIER INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Amens

Electronic Filing Menu Corporate Filing Menu

Help

Boberts Wir of Civil

Articles of Amendment to Articles of Incorporation

FILED
10 APR -7 PM 2:47
SECRETARY OF STATE

	of	SECRETARY CO
SPORTS S	SUPPLIER INC.	SECRETARY OF STATE TALL AHASSEE, FLORIDA
(Name of Corporation as curren	tly filed with the Florid	a Dept. of State)
P100	00024116	
(Document Numb	er of Corporation (if kno	wn)
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corporation adopts the following
A. If amending name, enter the new name of t	ht corporation:	
	·	The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profe	lesignation "Corp," "Inc	;," or "Co". A professional corporation
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E <i>BOX</i>)	
D. If amouding the registered agent and/or re- new registered agent and/or the new regist	ristered office address i cred office address:	n Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
·	- <u>-</u>	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	Repistered Aceut ent. I am familiar with a	and accept the obligations of the position.
Sign	gnature of New Registers	d 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)

Title	Name	Address	Type of Action
PD	JULIO NUNEZ	1778 SW 141 CT MIAMI FL 33177	Ø Add □ Remove
PD	YESLENE ORTEGA	1778 SW 141 CT. MIAMI FL 33177	
<u>VP</u>	YESLENE ORTEGA	1778 SW 141 CT MIAMLEL 33177	P Add ☐ Remove
(attach a	ding or adding additional Articles, en dditional sheets, if necessary). (Be sp	ter change(s) here: ecific)	
JULIO NI	JNEZ - 90%		
YESLEN	E ORTEGA - 10%		
	<u> </u>		
F. If an a	mendment provides for an exchange, ons for implementing the amendment	reclassification, or cancellatio	n of issued shares,
<u>DEUVISI</u>	not applicable, indicate N/A)	If the contribit the amend	MEDI HELL

(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)

YESLENE ORTEGA
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)