(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	÷ #)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: The People Cham	pions Corp	
DOCUMENT NUM	DIOOOOCOOLC		
The enclosed Articles	s of Amendment and fee are s	ubmitted for filing.	
Please return all corre	espondence concerning this m	atter to the following:	
	Jody A Johnson		
		Name of Contact Perso	n
	The People Champions Con	,	
	<del>-</del>	Firm/ Company	
	2544 Swanson Avenue		
		Address	
	Coconut Grove, FL 33133		
		City/ State and Zip Cod	e
Jody	@thepeoplechampions.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further informatio	n concerning this matter, plea	se call:	
Ximena Smith		at (	212-5225
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

### Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

FILED

2115 OCT 21 PH 12: 55 The People Champions Corp (Name of Corporation as currently filed with the Florida Dept. of State) P19000068916 TALLAHASSEE, FLORIG (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar 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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	CAO	_	Ximena M Smith	1555 San Luis Road
X Add				Tallahassee, FL 32304
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		<del>_</del>		
Add				
Remove				
4) Change		_		- <del>-</del>
Add				
Remove				
5) Change				
Add				
Remove				
δ) Change		_		
Add				
Remove				•

	eets, if necessary).	cles, enter change(s) (Be specific)			
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. n nmandmant					
	menting the amen	dment if not contain	<u>, or cancellation of</u> ed in the amendma	issued shares, ent itself:	
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<u>rovisions for imple</u>	e, indicate N/A)				

The date of each amendment(s) add date this document was signed.	tion:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep.	k does not meet the applicable statutory filing requirements, this date will not be listed as the tment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were adop by the shareholders was/were suff	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.
☐ The amendment(s) was/were appromust he separately provided for each	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
	the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adopt action was not required.	d by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopt action was not required.	by the incorporators without shareholder action and shareholder
10/18/2019	
Dated Signature	-l~
selected,	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)
Jo	y A Johnson
_	(Typed or printed name of person signing)
Pr	ident, Chief Executive Officer
_	(Title of person signing)