## P200000 17395

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(Address)	_
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BADASS EVENT	S, INC	
DOCUMENT NUM	D20000017305		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	THOMAS J QUELET		
	BADASS EVENTS, INC	Name of Contact Person	n
	4201 18TH ST SW	Firm/ Company	
	LEHIGH ARES, FL 33976	Address	
		City/ State and Zip Code	e
	TQUELETS@GMAIL.COM  E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	_	340-4835
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
\$35 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)
Am Div P.O	endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation

FILED

BADASS EVENTS, INC		2022 APR-5 AH IO: O
(Name of Corporatio	on as currently filed with the F	lorida Dept. of State)
P2000017395		SECRE N.Y OF STAT
(Docum-	ent Number of Corporation (if k	SECRE N. OF STAT
Pursuant to the provisions of section 607,1006, Florida as Articles of Incorporation:	Statutes, this Florida Profit Con	rporation adopts the following amendmen
. If amending name, enter the new name of the co	rporation:	
name must be distinguishable and contain the word "co." "Inc.," or Co.," or the designation "Corp," "Inc." "chartered." "professional association," or the abbrev	or "Co". A professional con	The new corporated" or the abbreviation "Corp.," rporation name must contain the word
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of New Registered Agent	ed office address in Florida, en office address:	nter the name of the
	(Florida street address)	
	(* 157 144 311 (* 144 41 (* 155)	
New Registered Office Address:	(City)	Florida
	(CII))	(Zip Code)
lew Registered Agent's Signature, if changing Regination hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the	e obligations of the position.
Signat	ture of New Registered Agent, if	changing
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>v</u>	TRACY A TRAUB	11260 SPARKLEBERRY RD
Add			FORT MYERS, FL 33913
X Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_	_	
Add			
Remove			<u> </u>

Attach addition	adding additional Ar al sheets, if necessary)	. (Be specific)			
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If an amendme provisions for	nt provides for an exc implementing the an	change, reclassifi sendment if not c	cation, or cancell	ation of issued sha	res.
(if not app	icable, indicate N/A)	ienament n nov c	ontained in the a	neudifent figen.	
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The date of each amendment(s) adoption	on: $\frac{3/2J/22}{}$ if other than the
date this document was signed.	
Effective date if applicable:	5/71/20
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block of document's effective date on the Departn	does not meet the applicable statutory filing requirements, this date will not be listed as the nent of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes east for the amendment(s) nt for approval.
	I by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for th	e amendment(s) was/were sufficient for approval
by	.,,
	(voting group)
Dated	3/4/1
Signature (By a director	r, president of other officer – if directors or officers have not been
selected, by a	an incorporator – if in the hands of a feceiver, trustee for other court duciary by that fiduciary)
THO	OMAS QUELET
	(Typed or printed name of person signing)
PRE	SIDENT

(Title of person signing)