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AMEND, 01/2/

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CLAY COUNT	ty Cruzers, Inc.	
DOCUMENT NUMBER: N 080000038	814	
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Elisabeth Palma	er .	
(Name of	Contact Person)	
Clay County Cry	izers, Inc.	
(Firm/	Companý)	
2977 Bull Cre.	ek Rd	
(A	ddress)	
<u>Middlehurg</u> FL (City/State	32068 e and Zip Code)	
Clay(vuzers @ be E-mail address: (to be used	I for future annual report notific	ation)
For further information concerning this matter, please	call:	
Elisabeth Palmer	at (<u>904</u>) <u>589</u> (Area Code & Dayti	-8970
(Name of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Departmen	t of State:
\$35 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	Street Address	is citerosca,
Amendment Section Division of Corporations	Amendment Section Division of Corporation	one
P.O. Box 6327	Clifton Building	VILO
Tallahassee, FL 32314	2661 Executive Cente	er Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 24, 2009

ELISABETH PALMER 2977 BULL CREEK RD MIDDLEBURG, FL 32068

SUBJECT: CLAY COUNTY CRUZERS, INC.

Ref. Number: N08000003814

We have received your document for CLAY COUNTY CRUZERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 609A00031313

Articles of Amendment to Articles of Incorporation

Ar	ticles of Incorporation of	2
Clay County Cr (Name of Corporation as cu	UZEVS, Inc. arrently filed with the Florida Dept. of	State)
N 08 00000 32 (Document N	8/4 Jumber of Corporation (if known)	
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of A. If amending name, enter the new name	f Incorporation:	TOTALE Corporation adopts
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company		
B. Enter new principal office address, if a (Principal office address MUST BE A STR.		· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		
D. If amending the registered agent and/o new registered agent and/or the new re	· · · · · · · · · · · · · · · · · · ·	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	ular-yagayayar
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registed position.		accept the obligations of the
-	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)

<u>Title</u>	Name	Address	Type of Action
IST V.P.	William Moore	3659 NAIIS LN: middlehung FL32068	☐ Add ☑ Remove
and V.P.	Jim Williforo	P.O. BOX 94 Or AngePAKK FL32067	☐ Add ☑ Remove
<u>Secretary</u>	Nick Scardigno	3281Wilderness Cir middlehurg Fl 32068	☐ Add ☑ Remove
•	g or adding additional Articles, enter citional sheets, if necessary). (Be specifi		
The state of the 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)

<u>Title</u>	Name	Address	Type of Action
Treasurer	Leonaro BRAUN	nidulehung Fr 32068	☐ Add ☑ Remove
membe <u>r ATLAR</u> LE	NORB Logsdon	2569 AGUARIUS Rd ORANGEPARK FL 32073	☐ Add ☑ Remove
isr <u>V.P.</u>	MARK HASKINS	2908 MAjestic Daksc Green Cove Springs FL 32042	Add Remove
	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific		
- , , ,			
•			
		40.00.00.00.00	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
and <u>UP</u>	NORB Logsdon	2569 AQUARIUS Rd ORANGE PARK, FL 32013	⊠ Add □ Remove
ecre <u>tary</u>	MARlene Chambers	3304 TAlisman middlehurg EL 32068	
Trea <u>suve</u> v	RANDY GRAY	2928 BOBCATCT Green cove Springs FL 32043	Add Remove
	ling or adding additional Articles, ento		
			
			

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)

	Name	Address	Type of Ac
nber ATLARGE	e <u>Jim Stricklen</u>	389 Aquarius Cond Orange Park, Fl 32073	Add Remove
	•	<u> </u>	
			Remov
E. <u>If amendi</u>	ng or adding additional Articles, ent	er change(s) here:	
(attach add	ditional sheets, if necessary). (Be spe	ecific)	
 			
			······································
-			

The date of each amendmen	t(s) adoption: 7-3-2009
	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	9-15-09
Signature	G-15-09 Elisabieth Paemer
(By	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	Elisabeth Palmer (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)