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TO: Amendment Section Division of Corporations

Lak NAME OF CORPORATION:	e Cane Restoration Society, Inc	2.	
N080000 DOCUMENT NUMBER:	08094		
The enclosed Articles of Amendment	and fee are submitted for filin	g.	
Please return all correspondence conc	erning this matter to the follow	ving:	
John L. Meisenheimer, M.D.			
	(Name of Cor	ntact Person)	
Lake Cane Restoration Society			
	(Firm/ Co	ompany)	
7300 Sandlake Commons Blvd. #	105		
	(Add	ress)	
Orlando, FL. 32819			
	(City/ State ar	nd Zip Code)	
jjmadigan@gmail.com			
E-mail add	lress: (to be used for future ann	iual report notificatio	n)
For further information concerning th	is matter, please call:		
Jerome J. Madigan, Jr.		614 at	403-7723
(Name o	f Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following	amount made payable to the F	lorida Department of	State:
	75 Filing Fee & \$\Bigsquare \\$43.75 Filing ficate of Status Certified Control (Additional enclosed)	opy Certi- copy is Certi (Add	60 Filing Fee ficate of Status fied Copy itional Copy is osed)

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



Lake Cane Restoration Society, Inc.

15 OCT 16 PM 2: 11

(Name of Corporation	n as currer	tly filed with the Flor	ida Dept. of State)
N08000008094			
(Docum	ment Numb	per of Corporation (if kr	nown)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statute	es, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporat	<u>ion:</u>	
•			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		tion" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		7300 Sandlake Blvd, Commons Blvd, #105	
) Orlando, FL 32819	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7300 Sandlake Blvd.	Commons Blvd, #105
		Orlando, FL 32819	
			· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered agent and/or the new registered			enter the name of the
Name of New Registered Agent: John L. Meisenheimer, M.D.			
Name of New Registered rigem.	7300 San	dlake Blvd. Commoi	ns Blvd, # 105
<u>New Registered Office Address:</u>		(Flo	orida street address)
<u></u>	Orlando		32819
		(City)	, Florida, (Zip Code)
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen	Registered	Agent	dan akti afa sa
nereby accept the appointment as registerea agen	u. 1 gm jai	mudar prunyana piccent t	ne obligations of the position.
-	/Si	ighature of New Registe	ered Agent, if changing W

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 X_Remove X_Add	<u>V</u> <u>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Eugene P. Augustine	5515 Turkey Lake Rd.
Add			Orlando, FL 32819
X Remove			
2) Change	P	John L. Meisenheimer, M.D.	6645 Lake Cane Drive
XAdd			Orlando, FL 32819
Remove			
3) Change	<u> </u>	Mark Myers	5217 Patricia Dr.
X Add			Orlando, FL 32819
Remove			
4) Change	T	Kathleen Fitzgerald	518 Oxford Court
X Add	-		Orlando, FL 32803
Remove			
5) Change	s	Janna Welch	7025 Delora Drive
X Add			Orlando, FL 32819
Remove			
6) Change	D	Jeannie Baker	7434 Lake Marsha Drive
X Add			Orlando, FL 32819
Remove			

If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)		
:			
•			
•			
		 	
	.=		

	September 24, 2015	F2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
The date of each amendmen	t(s) adoption:	if other than the
date this document was signed	l.,	O(V) if other than the
	September 24, 2015	
Effective date <u>if applicable</u> :		15 OCT 15 PM 2: 11
	(no more than 90 days after amendment file date)	33. 10 111 2. 11
	his block does not meet the applicable statutory filing requirement he Department of State's records.	ets, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/v was/were sufficient for a	were adopted by the members and the number of votes cast for the opproval.	: amendment(s)
There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment directors.	(s) was/were
Signature	chairman or vice chairman of the board, president or other office not been selected, by an incorporator – if in the hands of a receive court appointed fiduciary by that fiduciary)	
Jol	nn L. Meisenheimer, M.D.	
	(Typed or printed name of person signing)	
Pro	esident	
_	(Title of person signing)	