N10000011409

(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Entity Name Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Entity Certificates of Status	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Entity Certificates of Status	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
	(Document Number)
	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	u
Special instructions to Filing Officer.	Special leatwestings to Filing Officer
	Special instructions to Filing Officer.
]	

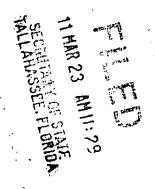
Office Use Only



300198938483

03/23/11--01011--005 **52.50

Amens



TR 3-2411

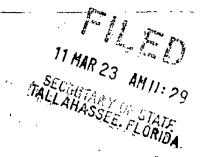
COVER LETTER

; ,

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: CHILDRENS	CHARITY RIDERS AS:	SOCIATION OF FLORIDA INC.
DOCUMENT NUM	IBER: <u>N10000011409</u>		·
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this mat	tter to the following:	
		O A MORALES	
	(Name o	f Contact Person)	
	(Firm	n/ Company)	
	4860 1	NW 86 TERR	
	(Address)	
	······································	RHILL,FL 33351	
	(City/ Sta	ate and Zip Code)	
· · · · ·	rracer(E-mail address: (to be use	Dbellsouth.net ed for future annual report notific	eation)
For further informati	on concerning this matter, pleas	se call:	
RICARDO A MO	RALES	at (954) 448-212	
(Name	e of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check f	for the following amount made	payable to the Florida Departmer	at of State:
□\$35 Filing Fee	☐ \$43.75 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)
Ame Divis P.O.	ling Address Indment Section Ission of Corporations Box 6327 Islandsee, FL 32314	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cente	er Circle

Articles of Amendment to Articles of Incorporation of



CHILDRI	ENS CHA	ARITY F	RIDERS	ASS	SOCIA	TION	OF F	LORIDA	INC.
/5-1									

(Name of Corporation as currently filed with	the Florida Dept. of State	(2)
N10000011409		
(Document Number of Corporat	ion (if known))
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	, this <i>Florida Not For Pro</i>	fit Corporation adopts
A. If amending name, enter the new name of the corporation	<u>n:</u>	
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not		porated" or the
B. Enter new principal office address, if applicable:	2284 NW 36 STREE	Т
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIAMI, FLORIDA	
	33142	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2284 NW 36 STREE	T
	MIAMI, FLORIDA	
	33142	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent:		the name of the
	ida street address)	
	····· ····	Planta
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am position.		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
VIQ	FARESI DENT	JACK MARZILIANO	12348 NW 26 STREET CORAL SPRINGS, FL 33065	☑ Add □ Remove
	SECRITARY	Dr. EDWARD N. SZERLIP	11960 NW 26 STREET PLANTATION ACRES, FL	☑ Add ☐ Remove
	TREASURER	JERRY MOSKOWITZ	11556 NW 49 COURT CORAL SPRINGS, FL 33076	☑ Add ☐ Remove
	E. <u>If amendin</u> (attach addi	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific	c)	
	see attached	d sheets		
				·
	%- in			

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
\mathcal{D}	DAVE R. WOODRUFF	4402 NW 51 COURT COCONUT CREEK, FL 33075	☑ Add ☐ Remove
			Add Remove
			☐ Add ☐ Remove
(attach addi	g or adding additional Articles, enter c	c)	
			

The date of each amendment	(s) adoption: JANUARY 10, 2011
Effective date <u>if applicable</u> :	(date of adoption is required) JANUARY 10, 2011
\ _	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or n adopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were sectors.
Signature (By	the chairman of vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary) Acando A. Morales