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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATE	SAVAGE 4X4 HER	O PROJECT INC.			
DOCUMENT NUMBER:	N19000007021				
The enclosed Articles of An	mendment and fee are subm	sitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
LINDA THOMPSON					
	((Name of Contact Pe	erson)		· · · · · · · · · · · · · · · · · · ·
		(Firm/ Company	()		· · · · · · · · · · · · · · · · · · ·
5770 ENTRPRISE PARK	(WAY				
-		(Address)		 	
FT MYERS, FL 33905					
	(City/ State and Zip	Code)	···········	
CAPPYTURNER@LIVE.	СОМ				
	E-mail address: (to be used	for future annual rep	ort notification	on)	
For further information con	cerning this matter, please o	ali:			
LINDA THOMPSON		at	239	896-2640	
<u> </u>	(Name of Contact Person)		(Area Code)	(Daytime Telep	hone Number)
Enclosed is a check for the	following amount made pay	able to the Florida (Department of	f State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & (Certificate of Status		Certi s Certi (Add	50 Filing Fee ificate of Status ified Copy ditional Copy is losed)	
Mailine /	Address	Str	ret Address		

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Taliahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept.	of State)
SAVAGE 4X4 HERO PROJECT, INC.	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Coarmendment(s)</i> to its Articles of Incorporation:	orporation adopts the following
A. If amending name, enter the new name of the corporation:	
Salute to the Brave - Hero Project, Inc.	The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the a "Company" or "Co." may not be used in the name.	abbreviation "Corp." or "Inc."
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 new registered agent and/or the new registered office address:	92
Name of New Registered Agent:	
New Registered Office Address:	× 40 A STEP
(City)	, Florida (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 obligation of New Registered Agent. Signature of New Registered Agent.	ations of the position.

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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>∨ Mik</u>	1 Doe e Jones y Smith		
Type of Action (Check One)	Title	Name	Address	
1) Change				
Add				
Remove			<u></u>	
2) Change				- Sic
Add				
Remove				
3) Change				~~
Add				FLORID
Remove				JORIDA LORIDA
4) Change		 		
Add				
Remove				
5) Change				
Add				
Remove			<u></u>	· <u> </u>
6) Change				
Add				
Remove				

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If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)	
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The date of each amendment(s) adopt date this document was signed.	8/30/2019 ion:	, if other than the
08/30/20 Effective date if applicable:	019	
Ettective date it applicable:	(no more than 90 days after amendment file date)	··· ···············
Note: If the date inserted in this block of document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not ment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
Dated 8 30	de Shompson	
(By the chairman	or vice chairman of the board, resident or other officer-if directors	
	elected, by an incorporator — if in the hands of a receiver, trustee, or pinted fiduciary by that fiduciary)	
LINDA THO	DMPSON	19 S
 	(Typed or printed name of person signing)	SEP
PRESIDEN	T	SST J
	(Title of person signing)	