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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: WEKEVA RIVER PLAYERS, INC. DOCUMENT NUMBER: \_\_\_ N93000004668 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALAN S'ALEIRNO (Firm/ Company) 416 VIA TUSCANY LOOP LAKE MANY FL 32746 ALAN QALAN SALERNO. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALAN SALERNO at (407) 230-7140

(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □ \$52.50 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**

FILED 2010 OCT =4 PH 12: 46

WEKIVA RIVER PLAYERS, INC. N 9 3 0 0 0 0 0 4 6 6 8
(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 416 VIA TUSCANY LOOP LAKE MANY, FL 32746 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 name of the new registered agent and/or the new registered office address: ALAN SALERNO

4/6 VIA TUSCHNY LOOP

(Florida street address)

LAKE MANY, Florida 32746

(City) (Zip Code) Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

A. If amending name, enter the new name of the corporation:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Page 1 of 3

## 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
TREA	STEVE MULLER	105 STONEBNIUGE DR. LONGWOOD, FL 3277	_ □ Add <b>Z</b> ⊠ Remove
PRES	DAVID ANDREWS	2128 KNOllVIEW Cove Ovicoo, FL 32765	✓ ☐ Add
Paes_	ALAN SALERNO	416 VIA TUSCANU LO LAKE MANY FL 327	 PAAdd Marian Remove
E. If amen (attach a	KEVIN ENWIN  ding or adding additional Articles, ent additional sheets, if necessary). (Be spe	330 WAYMONT COUNT LAKE MANY FL 3274 er change(s) here:	
<u>,</u>			.,
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The date of each ame	ndment(s) adoption:
Effective date if appli	(date of adoption is required)  cable: \( \( \int \) - \( \le \) \( \int \)
	(no more than 90 days after amendment file date)
Adoption of Amendm	ent(s) (CHECK ONE)
The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) for approval.
There are no memi adopted by the boa	bers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors.
Date	d 9-27-10
Sign	ature Wan Jalon
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	ALAN SALERNO
	(Typed or printed name of person signing)
	PRESTOENT
	(Title of person signing)

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