716895

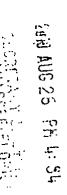
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WIR S. J. JOLY

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:			1
716895 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
Gina LoCicero			
	(Name of Contact	Person)	
Venice Vikings, Inc			
	(Firm/ Compa	ny)	
PO Box 1702			
	(Address)		
Venice, FL 34284			
	(City/ State and Zi	p Code)	
myvenicevikings@yahoo.com			
E-mail address: (to be used	I for future annual r	eport notification)	
For further information concerning this matter, please	call:		
Gina LoCicero		203 at	924-6902
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida	a Department of S	ate:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Certific is Certific	Filing Fee ate of Status d Copy onal Copy is ed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	1 C 2	Street Address Amendment Section Division of Corpor Clifton Building 2661 Executive Ce Fallahassee, FL 32	ations nter Circle

Articles of Amendment Articles of Incorporation

The Contract of the Contract o Venice Vikings, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 716895 (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: A. If amending name, enter the new name of the corporation: 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. 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: Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida _ (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: 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 4

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.

Changer 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>Mil</u>	n Doe ce Jones ly Smith	
i ype of Action (Check One)	<u>i me</u>	<u>iname</u>	<u>Augres</u> s
1) X Change	<u>C</u>	Michael Braswell	5106 Circle Oak Drive
Add			Sarasota, FL 34259
Remove			
2) X Change	<u>v</u>	Gina M LoCicero	1094 Acadia Road
Add			Venice, FL 34293
Remove			
3) Change	Ţ.	Deberah Haye	11927 De Miranda Ave
X Add			North Port, FL 34287
Remove			
4) X Change	<u>. </u>	Alicia Chapman	245 Dartmouth Road
Add			venice, Fil. 54295
Remove			
5) Change	S	Danielle Vanover	5855 Marigold Road
X Add			Venice, FL 34293
Remove			
6) Change			
Add			
Remove			

E. <u>It amenoing or adding auditional Articles (attach additional sheets, if necessary).</u>	(Be specific)	<u>s) nere</u> :		
N/A				
				, and
<u> </u>				
				
		,- -		
		, .		
			•	
				·····

*	01/01/2019	
The date of each amendment date this document was signed.		, if other than the
Effective data if annicable	01/01/2019	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this date will not be Department of State's records	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we was/were sufficient for ap	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 d	members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.	
Dated OY	0/19	
Signature A	Mich Villania	_
	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or	
	court appointed inductary by that inductary)	
Dou	ug Vanover	
	(Typed or printed name of person signing)	
Pres	sident	
	(Title of person signing)	