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A. Butler

COVER LETTER

TO: Amendment Section

Division of Corporations

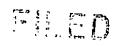
Tallahassee, FL 32314

Dade City Rod and Gun Club, Inc. NAME OF CORPORATION: 72782 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Raul Mora (Name of Contact Person) Dade City Rod and Gun Club, Inc. (Firm/ Company) P.O. Box 1861 (Address) Dade City, Florida 33525 (City/ State and Zip Code) treasurer.dege@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Raul Mora 813 404-1458 (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 □ \$43.75 Filing Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



Dade City Rod and Gun Club, Inc

2021 AUG 27 PH 12: 51

(Name of Corporation as currently filed with th	e Florida Dent of State)	
727282	e Fronta Dept. or State)	s Main Caret
	ment Number of Composition (if le	17:17:17:17:17:17:17:17:17:17:17:17:17:1
(Docui	ment Number of Corporation (if k	iown)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporation:	
N/A		The new
name must be distinguishable and contain the work "Company" or "Co." may not be used in the nam	•	
B. Enter new principal office address, if applica	N/A	
(Principal office address MUST BE A STREET A		
		.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>) N/A	
	 	
D. If amending the registered agent and/or regi	stered office address in Florida,	enter the name of the
new registered agent and/or the new register	red office address:	
Name of New Registered Agent: Raul Mora, Treasurer		
	35445 West SR 52	
	(FI	orida street address)
New Registered Office Address:		
	Dade City	, Florida 33525
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I	Registered Agent:	
I hereby accept the appointment as registered agen		the obligations of the position.
	$ M_i $	
<u>-</u>		TREASURER
	Signature\of New Registe	ered 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)

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 = Chie 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change X Add	Treasure	Raul Mora	35445 West SR 52 Dade City, FL 33525
 X Remove 2) Change Add 	<u>VP</u>	Roger Smith	25445 West SR 52 Dade City, FL 33525
X Remove 3) Change Add Remove			Jerry Grady
4) Change Add		,	
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or adding (attach additional sheet)		cles, enter change(s) here: (Be specific)	

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	•		
	•		
	<u></u>		
			
The date of each amendment(s) adoption	N/A		
The date of each amendment(s) adoption date this document was signed.	:		, if other than t
Effective date if applicable: N/A			
(1	no more than 90 days aft	er amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable nt of State's records.	statutory filing requirements.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

	here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were dopted by the board of directors.
	August 22, 2021 Dated
	Signature SW
	(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)
	Bill Johnson
	(Typed or printed name of person signing)
	President
	(Title of person signing)