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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	FIN & FEATH	ER CLUB INC.		
DOCUMENT NUMBER:	749696			
The enclosed Articles of Amendme				
Please return all correspondence co	ncerning this matter	to the following:		
		RONALD L. CROW		
	(Name of Contact Pers	son)	
	FIN	& FEATHER CLUB	INC.	
		(Firm/ Company)		
		PO BOX 2557		
		(Address)		
		BARTOW FL. 33	831	
	(1	City/ State and Zip Co	ode)	
	roi	nsnookman@gmail.co	וחכ	
E-mail a	iddress: (to be used f	or future annual repo	rt notification	1)
For further information concerning	this matter, please c	all:		
RONAL	LD L CROW	at at	863-860-6508	3
(Name	of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	ng amount made pay	able to the Florida Do	partment of	State:
□ \$35 Filing Fee □\$4 Ce	3.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Addres	e	Stre	et Address	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of

FIN & FEATHER CLUB INC.

(Name of Corporation	as current	ly filed with (the Florida Dept	of State)		.
74	19696					
(Docum	ent Numbe	r of Corporati	on (if known)	-		_
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes	i, this <i>Florida</i>	Not For Profit C	<i>Corporation</i> a	dopts the	e following
A. If amending name, enter the new name of the	corporatio	on:				
N/A						The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		on" or "incor	rporated" or the o	abbreviation	"Corp."	
B. Enter new principal office address, if applicable:		N/A				20
Principal office address MUST BE A STREET A					i ~	900
						<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	ovi	N/A				P E
inating dutiess <u>mail be a rose of rich</u> e	, (7.1.)				1	သ ယ
D. If amending the registered agent and/or regist new registered agent and/or the new registere			florida, enter the	name of the		
Name of New Registered Agent:	N/A					
And Spring Registered rigeria.				.		
New Registered Office Address:			(Florida street	address)		
	N/A			, Florida	N/A	
		(City)		, Florida (Zip (
New Registered Agent's Signature, if changing R hereby accept the appointment as registered agent			accept the obliga	itions of the p	osition.	
_	Sig	nature of Nev	v Registered Ager	it, 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 = 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 <math>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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VD	MIKE E KIRKLAND	4143 ALIMONY LANE
∧dd			MULBERRY FL. 33860
Remove			
2) Change	VD	MALLIE L MORRIS	911 WEST SWILLEY RD.
X Add			PLANT CITY FL. 33567
Remove			-
3) Change			
Add			
4) Change			
Add			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		D . 3 64	

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)			
N/A				
			 -	
\$P\$\$1- 20 - 3		 		
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10. P. A.L				
	<u>.</u>			
***************************************				** ***
		 		
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	e date of each amendment(s) adoption: e this document was signed.	, if other than the
erro	fective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date cument's effective date on the Department of State's records.	will not be listed as the
٩d٥	option of Amendment(s) (<u>CHECK ONE</u>)	
Œ	The amendment(s) was/were adopted by the members and the number of votes cast for the amendmen was/were sufficient for approval.	t(s)
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/wer adopted by the board of directors.	e
	Dated 10-10-2019	
	Signature Ronald L Crow	
	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, of other court appointed fiduciary by that fiduciary)	
	RONALD L. CROW	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	_