

(Re	questor's Name)	
(Ad	ldress)	
(Ac	ldress)	
•	,	
(6)	- 10	- 40
(CII	ty/State/Zip/Phone	÷ #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Dc	ocument Number)	<u>.    </u>
`	,	
Cartified Canina	C-4:5:	of Chahan
Certified Copies	_ Centificates	or Status
Special Instructions to	Filing Officer:	
		į
	Q. SILAS	s
	FEB 2 2 20	722
	LED ( ( ()	J&£
<u> </u>		

Office Use Only



400379569804

02/07/22--01013--022 \*\*60.00 ;

THE HOLD TO SERVICE STATES OF THE SERVICE ST

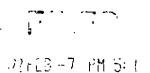
## **COVER LETTER**

	Registration S Division of Co			
cun iec	Shadow W	arrior Riders Treasure Coast Ch	napter LLC	
SUBJEC	·I:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please rei	turn all corresp	ondence concerning this matter	to the following:	
		Jason S. Epling		
			Name of Person	
		Warrior Riders MC Treasu	re Coast Chapter LLC	
		<del></del>	Firm/Company	
		14675 115th St.		
			Address	
		Fellsmere, FL 32948		
			City/State and Zip Code	
		Doc.wrmc@gmail.com		
		E-mail address; (	to be used for future annual report notific	cation)
For furthe	er information (	concerning this matter, please ca	all:	
Jason S.	Epling		863 381-4334	
	Name	of Person	at ()	Telephone Number
Enclosed	is a check for t	he following amount:		
□ <b>\$</b> 25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SHADOW WARRIOR RIDERS TREASURE COAST CHAPTER LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 04/05/2021 \_\_\_ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WARRIOR RIDERS MC TREASURE COAST CHAPTER LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If amending A<sub>t</sub>uthorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	LEIGH, DAVID E	7866 106TH	□ Add
		VERO BEACH, FL 32967	■Remove
			□Change
AMBR	EPLING II, STANLEY T.	6327 CAMBRIDGE DR.	<b>≅</b> Add
		SEBRING, FL 33876	□Remove
			Change
<del></del>			□Add
			□ Remove
			□ Add
		<del></del>	□Remove
			Change
			🗆 Remove
			□ Change
			□∧dd
			□Remove
			□Change

<del></del>						
				<del></del>		<del></del>
<del></del>						
<del></del>						<u> </u>
		<u> </u>				
<del></del>		_				<del></del>
	,, <u>,</u>					
<del></del>						
			· · · · · · · · · · · · · · · · · · ·	<del></del>		
Effective date, if	ther than the date sted, the date must be s	of filing:	prior to date of fill	ing or more than 90	_ (optional)	125t to 605 07 <b>0</b> 7
Note: If the date in	serted in this block d	loes not meet the a	pplicable statuto	ry filing requirem	ents, this date will n	of be listed as
document's effecti	e date on the Depart	ment of State's rec	ords.			
e record specifies a rd is filed.	delayed effective date	e, but not an effect	ive time, at 12:0	l a.m. on the earli	er of: (b) The 90th	day after the
Dated		2022				
		:	· ·			
			•			
	Nie	on 1 Est	ラ			
	Joe () Signa	ature of a member or	authorized repres	entative of a membe	er	