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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Coomso Line)
(Document Number)
Certified Copies Certificates of Status
Considerations to Filip Office
Special Instructions to Filing Officer:

Office Use Only



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C. LEWIS JUL 2 # 2014

COVER LETTER

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NAME OF CORPORATION:

Jave The Indonesias Riser Alliance, Inc

DOCUMENT NUMBER:

NEGODOGO 2G/9

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

(Firm/ Company)

4/1/4/50

Washing Ton PT

(Address)

Homosassa, F/34448

(City/ State and Zip Code)

For further information concerning this matter, please call:

TO: Amendment Section

(Name of Contact Person) at (352) 628-6066 (Area Code & Daytime Telephone Number)

RMILLE 76 Q, TAMPABAY, RR. COM E-mail address: (to be used for future annual report notification)

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee Certificate of Status

Certificate of Status

Certified Copy
(Additional copy is enclosed)

Certified Copy
(Additional Copy is Enclosed)

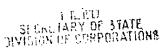
Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address

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

Articles of Amendment to Articles of Incorporation



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Save The Itomosassa River Alliance 14 200-7 AM 10: 2: (Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
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: Ronald Miller
4114 So. Washing Ton Pt (Florida street address)
New Registered Office Address:
New Registered Office Address. 34448 1-fo mosassa, Florida 34487 (City) (Zip Code)
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: 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.

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	PT John I V Mike SV Sally S	<u>Jones</u>	·
Type of Action (Check One)	Title	Name	Address
1) Change Add		Tess Cornett	5538 50 Island Dr Homosonson, F1. 34448
Remove 2) Change X_ Add	<u></u>	Rosemary Renducles	10600 W Brester CT. Homosossa, F1, 34448
Remove 3) Change Add Remove			
4) Change Add Remove			
5) Change Add			
Remove 6) Change Add Remove			

attach additional she	ts, if necessary,). (Be specifi	(c)			
		N.A.				
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	e date of each amendment(s) adopt	if other than the	
date	this document was signed.		SECRETARY OF STATEMS SHORE OF CURPORATIONS
Eff	ective date <u>if applicable</u> :	Tune 12. 2014	MAISING OF THE
		(no more than 90 days after amendment file date)	14 JUL -7 AM 10: 22
Ado	option of Amendment(s)	(CHECK ONE)	
段	The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cast for t	he amendment(s)
	There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment	ent(s) was/were
	Dated II v	14 2, 2014	
	Signature	Zameld Des Eller	
		or vice chairman of the board, president or other of	
		elected, by an incorporator – if in the hands of a rece	iver, trustee, or
	other court appo	ointed fiduciary by that fiduciary)	
	<i>R</i> e	nald Miller	
	(T ₎	ped or printed name of person signing)	
		lice President	
		(Title of person signing)	