NOLODOSAA

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Name)	
(Dx	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	



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COVER LETTER

TO: Amendment Section **Division of Corporations** Amtgard Florida INC. NAME OF CORPORATION: N01000005242 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Amy Boazman-Steele (Name of Contact Person) Amtgard Florida INC. (Firm/ Company) 2514 Marlboro St (Address) Orlando, Florida 32806 (City/ State and Zip Code) aboazman@msn.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amy Boazman-Steele 407 575-7148

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

\$35 Filing Fee

□S43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status

(Name of Contact Person)

Certified Copy (Additional copy is

enclosed)

□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

(Daytime Telephone Number)

Mailing Address

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

Street Address

(Area Code)

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

Articles of Amendment to Articles of Incorporation of

Amtgard Florida Inc.		
(Name of Corporation	as currently filed with the Flori	da Dept. of State)
N01000005242		
(Docum	ment Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this Florida Not For	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 word "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		· ASE
	N/A	日日
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>) N/A	10 PH
	N/A	FLOR 17.
	N/A	TE LA
D. If amending the registered agent and/or reginew registered agent and/or the new register	red office address:	enter the name of the
Name of New Registered Agent:	N/A	<u></u>
	N/A	
New Registered Office Address:		orida street address)
	N/A	, Florida N/A
	(City)	(Zip Code)
New Registered Agent's Signature, if changing land thereby accept the appointment as registered agential the second secon	Registered Agent: nt. I am familiar with and accept t	the obligations of the position.
-	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 = 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	<u>V</u> <u>M</u>	hn Doc ike Jones Ily Smith	8 changes
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>V</u>	Thomas Crowley	214 NW Argonaut Way
Add X Remove			White Springs, FL 32096
2) Change	S	Venus Crowley	214 NW Argonaut Way
Add X Remove			White Springs, FL 32096
3) X Change	<u>s</u>	Amy Boazman-Steele	2514 Marlboro St
Add			Orlando, FL 32806
4) X Change	V	Edmund Vient	2514 Mariboro St
Add			Orlando, FL 32806
5) Change	D	Michael Wuerz	8930 SW 78th Ct
Add X Remove			Gainesville, FL 32608
6) X Change	<u>T</u>	Bruce Boulay	3833 N Oak St Ext
Add			Apt 164
Remove			Valdosta, GA 31605

	E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
)	Add				
())	J.	Altert 11	Illan Clark III	TEHE D-	HEDG Maples, FL
					HEDG Maples FL
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	N/A	
The date of each amendment(s) adop	otion:	, if other than th
date this document was signed.		
09/01/2	3017	
Effective date if applicable:		
	(no more than 90 days after amendmen	nt file date)
Note: If the date inserted in this block document's effective date on the Depart		ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop was/were sufficient for approval.	eted by the members and the number of vot	es cast for the amendment(s)
There are no members or member adopted by the board of directors.	s entitled to vote on the amendment(s). Th	e amendment(s) was/were
09/01/2017 Dated		
Signature Se		
have not been	an or vice chairman of the board, president selected, by an incorporator – if in the hand pointed fiduciary by that fiduciary)	
Clab Sent	Steven Dem (Typed or printed name of pers	· A C son signing)
Dir	ccto/	
	(Title of person sig	ning)