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| (Re | questor's Name) | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Nam | e) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to | Filing Officer: | | | | |
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AND AND SEE FLORIDA

SEP 0 4 2018 S. YOUNG

TO: Amendment Section Division of Corporations

| Sailing, Inc. | | | |
|----------------------------------|--|---|---|
| | | | |
| ibmitted for filing. | | | |
| atter to the following: | | | |
| | | | |
| (Name of Contact | Person) | | _ |
| | | | |
| (Firm/ Compa | ny) | | _ |
| | | | |
| (Address) | | | - |
| | | | |
| (City/ State and Zi | p Code) | · · · · · · · · · · · · · · · · · · · | _ |
| | | | |
| sed for future annual r | eport notification | 1) | _ |
| se call: | | | |
| : | 305 at | 854-3500 | |
| on) | | (Daytime Telephone Number) | |
| payable to the Florida | Department of | State: | |
| s Certified Copy | Certif / is Certif (Addi | icate of Status ied Copy tional Copy is | |
| Street Address Amendment Section | | | |
| | (Name of Contact (Firm/ Compa (Address) (City/ State and Zi ed for future annual rese call: on) payable to the Florida Certified Copy (Additional copy enclosed) | (Name of Contact Person) (Firm/ Company) (Address) (City/ State and Zip Code) ed for future annual report notification se call: at 305 at (Area Code) payable to the Florida Department of the State of the Code of the | (Name of Contact Person) (Firm/ Company) (Address) (City/ State and Zip Code) ed for future annual report notification) se call: at 305 854-3500 (Area Code) (Daytime Telephone Number) payable to the Florida Department of State: (Additional copy is Certificate of Status (Additional Copy is Enclosed) (Additional Copy is Enclosed) |

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation of

| Team Paradise Sailing, Inc. | | | | | |
|--|---------------|--|---|--|--------------|
| (Name of Corporation | n as curren | tly filed with the Florida D | ept. of State) | - | |
| N05000003708 | | | | | |
| (Docu | ment Numb | er of Corporation (if known) | | | |
| Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation: | orida Statute | es, this <i>Florida Not For Prof</i> | it Corporation add | pts the fol | lowing |
| A. If amending name, enter the new name of th | e corporat | ion: | | | |
| | | | | 77 | ne new |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam | | tion" or "incorporated" or t | he abbreviation "(| | |
| B. Enter new principal office address, if applicable: | | 3109 Grand Ave. | | | |
| (Principal office address MUST BE A STREET A | | #312 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | | Miami, FL 33133 | | 512 | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 3109 Grand Ave. | | LLAH. | AUG |
| | | #312 | | 0.5 0.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1 | 30 |
| | | Miami, FL 33133 | | <u>;</u> | 줖 |
| D. If amending the registered agent and/or reginew registered agent and/or the new register | | | the name of the | UNID A | 8: 09 |
| | | noendorf | | | |
| - Name of Tea Regulation Agent | 1650 Tig | ertail Ave. | | | |
| | | (Florida st | rect address) | | |
| New Registered Office Address: | _ | | _ | | |
| | Coconut | Grove | , Florida <u>_</u> | 33133 | |
| | | (City) | (Zip Co | rde) | |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen | | | ligations of the po | sition | |
| _ | John | of followifers ignature of New Registeres | | | |
| | S | ignature of New Registered | gent, 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 | $\underline{\mathbf{V}}$ $\underline{\mathbf{M}}$ | hn Doe ike Jones illy Smith | |
|-----------------------------------|---|-----------------------------------|-------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | D | Tamsin Maund | 6886 N. Kendall Drive |
| Add | | | D307 |
| X Remove | | | Miami, FL 33156 |
| 2) Change | D | Karin A. Billskoog | 15920 SW 77th Ave. |
| Add | | | Miami, FL 33133 |
| X Remove | | | |
| 3) Change | VPD | Mark Kamilar | 2921 SW 27th Ave. |
| Add | | | Miami, FL 33133 |
| X Remove | | | |
| 4) X Change | D | Magnus Liljedahl | 2539 S. Bayshore Dr. |
| Add | | | #423 |
| Remove | | | Miami, FL 33133 |
| 5) Change | Т | John Schoendorf | 1650 Tigertail Ave. |
| Add | | | Coconut Grove, FL 33133 |
| Remove | | | |
| 6) X Change | <u>c</u> | Jonah Pruitt, III | 837 Navarre Ave. |
| Add | | - | Coconut Grove, FL 33134 |
| Remove | | | |

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>PT</u> <u>V</u> <u>SV</u> | John Do Mike Jo Sally Sr | nes | | |
|-----------------------------------|------------------------------------|--------------------------------|---------------|-------------|-------------------------|
| Type of Action (Check One) | Title | | <u>Name</u> | | Address |
| 1) Change | s | _ | Susan Eddings | | 2539 S. Bayshore Dr. |
| X Add | | | | | #423 |
| Remove | | | | | Miami, FL 33133 |
| 2) Change | V | _ | William Mauk | | 1 Grove Isle Drive |
| X Add | | | | | #902 |
| Remove | | | | | Coconut Grove, FL 33133 |
| 3) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | = | _ | | | |
| Add | | | | | |
| Remove | | | | | |
| 5) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | _ | | | |
| Add | | | 1170 | | |
| Remove | | | | | |
| | | | | | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) |
|---|
| Amend Article III to read: |
| The purposes for which this corporation is organized are: |
| Inspiring and empowering the disabled and underserved communities, US Veterans, and others through |
| recreational, educational and healing programs that motivate and engage participants in the sport of sailing. |
| Provide opportunities for global comradery, personal development, mentorship, team building and |
| environmental awareness while allowing equal access to Biscayne Bay for diverse and underserved |
| individuals. |
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| | August 14, 2018 | |
|------|---|----------------|
| The | | other than the |
| date | ite this document was signed. | |
| Effe | August 14, 2018 ffective date if applicable: | |
| | (no more than 90 days after amendment file date) | |
| | ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liberated in the Department of State's records. | sted as the |
| Add | doption 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. | |
| | There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. | |
| | August 17, 2018 Dated | |
| | Signature Susa Estate (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) | |
| | Susan Eddings | |
| | (Typed or printed name of person signing) | |
| | Secretary | |
| | (Title of person signing) | |