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(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

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DIVISION OF CONFORMATION

Amund CC May 135/12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: USA RIVER RA	TS INC.
DOCUMENT NUMBER: NO 60000 1892	
The enclosed Articles of Amendment and fee are submitted for filing	,
Please return all correspondence concerning this matter to the following	ing:
Kenneth Wakefield (Name of Cont	
(Name of Con	tact Person)
USA RIVER RATS INC	¢,
(Firm/ Co	mpany)
4411 Capron Rd (Address	
/ (Addre	ess)
Titusville, FL 3278	7 (7 Code)
E-mail address: (to be used for future annu	
For further information concerning this matter, please call:	
Kenneth Wakesield at (at (321 693-4762 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Flo	,
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Certificate of Status Certified Copy (Additional of Status)	
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 of

USA RIVER RATS INC,		
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
NO600001892		_
(Document Number of Corpor	ration (if known)	_
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the	e following
A. If amending name, enter the new name of the corporat	tion:	The new
name must be distinguishable and contain the word "corpora	ation" or "incorporated" or the abbreviation "Corp."	
"Company" or "Co." may not be used in the name.	1/0	
B. Enter new principal office address, if applicable:	<u>N/H</u>	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
		_
C. Enter new mailing address, if applicable:	/ 0	₹ E
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
	•	E SET
		- 25 gg
•		ASION OF CORPOR
D. If amending the registered agent and/or registered offi-	ice address in Florida, enter the name of the	٠ <u>٠</u>
new registered agent and/or the new registered office a	address:	28 28
Name of New Registered Agent:	<u>A</u>	<u> </u>
New Registered Office Address:	(Florida street address)	
The state of the s		
(City)	, Florida (Zip Code)	
(City)	(Elp Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		
i nerevy accept the appointment as registered agent. I am ja	miliar with and accept the obligations of the position.	
Signature of New Regis	stered 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove		N/H	
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove	<u></u>		
5) Change Add Remove			
6) Change Add Remove		N/A	

ARTICLE	III. P.	urpose:				
support to be do equal sa	ogether to foste the veteran can conated to those ay in the opera e is to help vete	er the care and are facilities in deserving indition of our or	I welfare of A the Brevard dividuals and ganization. W	mericas Mi County area organization e are a not-	i. We will be r ns. Every men for-profit orga	Veterans and aising monic aber has an nization who
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ARTICLE	IV M	anner c	of Clec	tion:		
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The date of each amendment(s) adoption:				
Effective	date if applicable:			
	(no more than 90 days after amendment file date)			
Adoption	of Amendment(s) (CHECK ONE)			
	amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) were sufficient for approval.			
	e are no members or members entitled to vote on the amendment(s). The amendment(s) was/were sted by the board of directors.			
	Dated January 19, 2012			
	Signature Key neth Wokafield			
	(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)			
	Kenneth Wakesic Id			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			