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COVER LETTER

TO: Amendment Section Division of Corporations

LAKEWOOL	O RANCH COMMUNITY EMERGENCY RESPONSE TEAM, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
PATRICK R KNOWLES	
	(Name of Contact Person)
LAKEWOOD RANCH COMMUNITY EME	RGENCY RESPONSE TEAM, INC.
	(Firm/ Company)
11161 E STATE RD 70 STE 115	
	(Address)
LAKEWOOD RANCH FL 34202	
	(City/ State and Zip Code)
Pat.Knowles@frontier.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter.	please cail:
PATRICK R KNOWLES	941 254-4052 at
(Name of Contact	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount m	nade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of \$	Fee & DS43.75 Filing Fee & D\$52.50 Filing Fee Status Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address

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

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

Articles of Amendment Articles of Incorporation

N07000011677

AND AND TO LAKEWOOD RANCH COMMUNITY EMERGENCY RESPONSE TEAM, INC. (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, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Floridu Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
N/A		The new
name must be distinguishable and contain the word "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 AL		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>(OX</u>)	
D. If amending the registered agent and/or regist new registered agent and/or the new registere		da, enter the name of the
	N/A	
New <u>Registered Office Address</u> :		(Florida street address)
· · · · · · · · · · · · · · · · · · ·	N/A	. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Roll hereby accept the appointment as registered agent.		ept the obligations of the position.
	Signature of New Re	aistured 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>Mi</u>	nn Doe ke Jones lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TD	PAUL JAY MCKEE	14915 SUNDIAL PLACE
Add			LAKEWOOD RANCH FL 34202
X Remove			
2) Change	TD	PATRICK R KNOWLES	14423 SUNDIAL PLACE
X Add			LAKEWOOD RANCH FL 34202
Remove			
3) Change			
Add			
Remove			
4) Change			-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)		
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			N/A	
ľhe	date of each amer	idment(s) ac	loption:	, if other than the
late	this document was	signed.		
		N/A		
Liffe	ective date <u>if appli</u>	<u>cable</u> :		
			(no more than 90 days after amendment file date)	
			ock does not meet the applicable statutory filing requirements, this date will neartment of State's records.	not be listed as the
Ado	ption of Amendm	ent(s)	(<u>CHECK ONE</u>)	
	The amendment(s was/were sufficient		dopted by the members and the number of votes cast for the amendment(s) al.	
	There are no mem adopted by the bo		bers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
	Dated	October 17	. 2018	
	Signature	. /		
			rman or vice chairman of the board, president or other officer-if directors	
			en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
		Victor K	line	
			(Typed or printed name of person signing)	
		Presider	it	
			(Title of person signing)	