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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Lyman Rowir	ng Association, Inc			
DOCUMENT NUMBE	R: <u>N08000001808</u>				
The enclosed Articles of	Amendment and fee are sul	omitted for filing.			
Please return all correspondence	ondence concerning this mat	ter to the following:			
	Luis Munoz				
_	Lais Manoz	Name of Contact Person	1		
	Lyman Rowing Association				
_	Firm/ Company				
	5703 Red Bug Lake	Road Suite 156			
		Address			
	Winter Springs, FL 32708				
		City/ State and Zip Code	•		
	lymanrowingpresident	@gmail.com			
		ed for future annual report	notification)		
For further information	concerning this matter, pleas	e call:			
Luis Munoz	Ave	at (<u>407</u>) 3994747		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amer Divis P.O. 1	ng Address dment Section ion of Corporations Box 6327 nassee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Articles of Amendment to Articles of Incorporation of

to

Lyman Rowing Association, Inc					
(Name of	Corporation as currently f	iled with the Florida Dept. of S	<u>State</u>)		
N08000001808					
	(Document Number of C	orporation (if known)			
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06. Florida Statutes, this Flo	orida Profit Corporation adopts	the following	g ameno	iment(s)
A. If amending name, enter the new nam	e of the corporation:				
				The i	new
name must be distinguishable and contai "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional association	ion "Corp," "Inc," or "Co	"—A professional corporation	d" or the al- name must c	obrevia contain	tion the
B. Enter new principal office address, if (Principal office address MUST BE A STE					
C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of Discourse) D. If amending the registered agent and new registered agent and/or the new	FFICE BOX) for registered office addres	s in Florida, enter the name of	SECOLARIA (the	2019 AUG 1	
	Luis Munoz		155	9	
Name of New Registered Agent			[7]	Ĩ	1
_	1633 Overlook Road		7997	9	Care I
	(Florida stree	t address)	נייו	0	
New Registered Office Address:	Longwood	, Flo	orida327		
	10	lity)	(Zip)	Code)	
New Registered Agent's Signature, if charles accept the appointment as register	red agent. I am familiar wi	th and accept the obligations of	the position.	-	

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)

Remove

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.

Mike Jones, v as Kemov	e, ana sany sman	, 5v us un zaa.	
Example: X Change	PT John I)oe	
X Remove	<u>V</u> <u>Mike J</u>	lones	
X Add	<u>SV</u> <u>Sally S</u>	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	president	Jeanne A. Jacobs	317 Seminola Blvd
Add			Casselberry FL
X Remove			32707
2) X Change	president	Luis Munoz	1633 Overlook Road
Add			Longwood FL
Remove			32750
3) Change	VP	Ken Miller	214 Coachmans Cove
X Add			Altamonte Springs FL
Remove			32701
4) Change			
Add			
Remove			
S) Change			
5) Change		<u></u>	
Add			
Remove			
6) Change			
Add			

•	cles, enter change(s) I (Be specific)			
The state of the s				-
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an amendment provides for an excha	nge, reclassification,	or cancellation of	<u>issued shares,</u>	
<u>Frovisions for implementing the amend</u>	nge, reclassification, Iment if not containe	or cancellation of d in the amendme	issued shares, it itself:	
an amendment provides for an excha provisions for implementing the amend (if not applicable, indicate N/A)	nge, reclassification, Iment if not containe	or cancellation of d in the amendme	issued shares, nt itself:	
<u> provisions for implementing the amend</u>	nge, reclassification, Iment if not containe	or cancellation of d in the amendme	issued shares, it itself:	
<u> provisions for implementing the amend</u>	nge, reclassification, Iment if not containe	or cancellation of d in the amendme	issued shares, ut itself:	
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<u>Frovisions for implementing the amend</u>	uge, reclassification, Iment if not containe	or cancellation of d in the amendme	issued shares, nt itself:	
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<u>provisions for implementing the amend</u>	nge, reclassification, Iment if not containe	or cancellation of d in the amendme	issued shares, nt itself:	
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<u>provisions for implementing the amend</u>	uge, reclassification, dment if not containe	or cancellation of d in the amendmen	issued shares, nt itself:	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	u(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareho action was not required.	lder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9/9/2019	
Signature	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	