N08000001808

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ociation, Inc. N/K/A	Semino	le Coun	ty Area Rowing, Inc.
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are sub	omitted for filing.			
Please return all correspondence concerning this man	ter to the following:			
Jennifer Prechter				
	(Name of Contact I	erson)		
	(Firm/ Compar	ny)		
315 Spring Lake Hills Dr.				
	(Address)		,	
Altamonte Springs, FL 32714				
	(City/ State and Zip	Code)		
Seminolecountyarearowing@gmail.com				
E-mail address: (to be use	d for future annual re	port not	ification	1)
For further information concerning this matter, please	e call:			
Jennifer Prechter	a	407 .t		256-8685
(Name of Contact Person	1)	(Area	Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida	Departi	nent of	State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)		Certifi Certifi	D Filing Fee icate of Status ied Copy tional Copy is used)
Mailing Address		treet Ad		ion

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassec
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Lyman Rowing Association, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N08000001808 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Seminole County Area Rowing, Inc. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Jennifer Prechter Name of New Registered Agent: 315 Spring Lake Hills Dr. Altamonte Springs, FL 32714 (Florida street address) New Registered Office Address: N/A Florida (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered 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	PT John Do V Mike Jo SV Sally Sr	one <u>s</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>P</u>	Matt Cummings	317 Seminola Blvd. Casselberry, FL 32707
X Remove			
2) Change Add	<u>V</u>	Luis Munoz	Longwood, FL 32714
X Remove 3) Change X Add Remove	<u>P</u>	Jennifer Prechter	315 Spring Lake Hills Dr. Altamonte Springs, FL 32714
4) Change Add	<u>S</u>	Chris Kilbv	170 E. Hillcrest Street Altamonte Springs, FL 32701
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
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The date of each amendment(s	s) adoption: $\frac{A_1}{A_2}$	oril 01, 2022				_, if other than the
date this document was signed.						
Effective date if applicable:	June 1, 2022	.1. 00.1		- Cl. L.)		
	(no n	nore than 90 days	after amendm	ent file date)		
Note: If the date inserted in this document's effective date on the	s block does not e Department of	meet the applical State's records.	ble statutory fi	ling requirement	s, this date will not	be listed as the
Adoption of Amendment(s)	(<u>CF</u>	IECK ONE)				
The amendment(s) was/wer was/were sufficient for app		ne members and th	ne number of v	otes east for the	amendment(s)	

Dated	June 01, 2022
Signatu	re jernfeurechter
	(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) Jennifer Prechter
	other court appointed fiduciary by that fiduciary)
	Other court appointed fiduciary by that fiduciary) Jennifer Prechter