

ND8000009358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

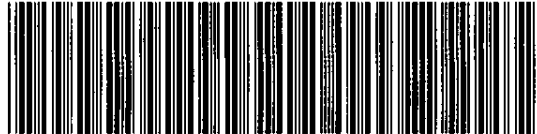
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FILED

09 MAY - 6 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend*  
C.COULLETTE

MAY 06 2009

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** BLACKSHEEP RIDERS MC. INC.

**DOCUMENT NUMBER:** N08000009358

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CONNIE RIMAS

(Name of Contact Person)

BLACKSHEEP RIDERS MC. INC.

(Firm/ Company)

P.O. BOX 350068

(Address)

JACKSONVILLE, FL 32235-0068

(City/ State and Zip Code)

For further information concerning this matter, please call:

CONNIE RIMAS

(Name of Contact Person)

at ( 904 ) 200-6823

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 16, 2009

CONNIE RIMAS  
BLACKSHEEP RIDERS MC. INC  
PO BOX 350068  
JACKSONVILLE, FL 32235-0068

SUBJECT: BLACKSHEEP RIDERS MC.INC  
Ref. Number: N08000009358

We have received your document for BLACKSHEEP RIDERS MC.INC and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to send the front page of the application to amend. Please find the missing page and return you complete application with a copy of this letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

Letter Number: 309A00012771

RECEIVED  
2009 MAY -5 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

**BLACKSHEEP RIDERS MC, INC**

(Name of Corporation as currently filed with the Florida Dept. of State)

**N08000009358**

(Document Number of Corporation (if known))

FILED  
09 MAY - 6 AM 9:23  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

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:**

**N/A**

The new 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.

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

**12709 BLACK FEATHER CT.**

**JACKSONVILLE, FL**

**32218**

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

**PO BOX 350068**

**JACKSONVILLE, FL**

**32235-0068**

**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:**

Name of New Registered Agent:

**CONNIE RIMAS**

New Registered Office Address:

**12709 BLACK FEATHER CT**

(Florida street address)

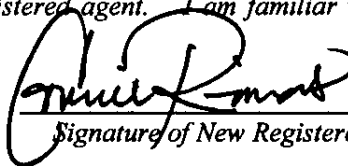
**JACKSONVILLE**

(City)

Florida **32218**  
(Zip Code)

**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

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>JAROD HOPKINS</u>	<u>PO BOX 350068</u> <u>JACKSONVILLE FL</u> <u>32235-0068</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>S</u>	<u>CONNIE RIMAS</u>	<u>PO BOX 350068</u> <u>JACKSONVILLE FL</u> <u>32238-0068</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: MARCH 18, 2009

Effective date if applicable: MARCH 18, 2009  
(no more than 90 days after amendment file date)

Adoption 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.

Dated APRIL 8, 2009

Signature Connie Rimas

(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)

CONNIE RIMAS

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)