N09000005091

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Amend

SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Enforcers MC	of Brevard County, In	C
DOCUMENT NUM	BER: N09000005091		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The enclosed Articles	s of Amendment and fee are sub	mitted for filing.	
Please return all corre	espondence concerning this man	ter to the following:	
		hy M. Burke	
	(Name of	Contact Person)	
		f Brevard County, Inc.	
	(Firm	/ Company)	
	770 Hi	biscus Drive	
	(/	Address)	
	Satellite B	each, FL 32937	
	(City/ Sta	te and Zip Code)	
	tmbreva E-mail address: (to be use	rd@cfl.rr.com d for future annual report notif	ication)
For further information	on concerning this matter, please	e call:	
Timothy M. Burke)	at (321) 446 60	
(Name	of Contact Person)	(Area Code & Day	time Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to the Florida Departme	ent 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)
Ame Divis P.O.	ing Address Indment Section It ion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	itions iter Circle

Articles of Amendment to Articles of Incorporation of



Enforcers Mc			
(Name of Corporation as cur	rently filed with	the Florida Dept. of S	tate)
	9000005091		
(Document Nu	umber of Corporat	ion (if known)	
Pursuant to the provisions of section 617.1000 he following amendment(s) to its Articles of		, this <i>Florida Not For</i> ,	Profit Corporation adopts
A. If amending name, enter the new name	of the corporatio	<u>n:</u>	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"			corporated" or the
3. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u>			
C. Enter new mailing address, if applicable (Mailing address MAYBE A POST OFF			
D. If amending the registered agent and/or			nter the name of the
new registered agent and/or the new reg	gistered office ad	dress:	
Name of New Registered Agent:			
	<u> </u>		
New Registered Office Address:	(Flor	ida street address)	
			, Florida (Zip Code)
		(City)	(Zip Code)
New Registered Agent's Signature, if change hereby accept the appointment as register position.			ept the obligations of the
_	Signature of New	Registered Agent, if ch	nanging

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>VP_</u> _	Robert A. Currier	9485 Fleming Grant Road	
		Micco, FL 32976	☑ Remove
<u>VP</u>	Gregory Long	8386 105th Ct.	
		Vero Beach, FL 323967	
TRST	Kathleen Burke	770 Hibiscus Drive	_ Ø Add
		Satellite Beach, FL 32937	Remove
	ding or adding additional Articles, or additional sheets, if necessary). (Be a		
<u> </u>			
			<u></u>
			···
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*******		49.90	
			<u> </u>
			

The date of each amendment(s) ac	doption: August 12, 2009
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were s.
Dated August 1 Signature	2, 2009
(By the chave not	chairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)
	Timothy M. Burke
	(Typed or printed name of person signing)
·	President
	(Title of person signing)