

140920006280

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(Address)

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*Annex*  
*[Signature]*

2009 OCT -5 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Miami 4x4 Off Road Club Inc

**DOCUMENT NUMBER:** N09000006280

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

Please return all correspondence concerning this matter to the following:

WILL CROCE  
(Name of Contact Person)

(Firm/ Company)

13045 SW 68 St #206  
(Address)

Miami FL 33183  
(City/ State and Zip Code)

miami4x4@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Will Croce at ( 305 ) 301-5756  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |                                                     |                                                                     |                                                                                            |                                                                                                                |
|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

August 25, 2009

WILL CROCE  
13045 SW 68TH STREET  
#206  
MIAMI, FL 33183

SUBJECT: MIAMI 4X4 OFF ROAD CLUB CORP.  
Ref. Number: N09000006280

We have received your document for MIAMI 4X4 OFF ROAD CLUB CORP. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 509A00028596

RECEIVED  
TELEPHONE ROOM  
AUG 25 8:56 AM '09  
1-5  
2009 OCT -5  
SECRETARY OF STATE  
TALLHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2009 OCT -5 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Miami 4x4 Off Road Club CORP.

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

N09000006280

(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:**

*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)

9090 NW S. RIVER DR. #6  
MIAMI FL 33166

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

9090 NW S. RIVER DR. #6  
MIAMI FL 33166

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_ (Florida street address)

\_\_\_\_\_, Florida  
(City) (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



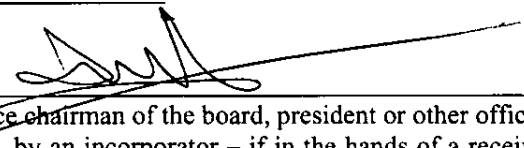


The date of each amendment(s) adoption: 08/18/2009  
*(date of adoption is required)*  
Effective date if applicable: 08/18/2009  
*(no more than 90 days after amendment file date)*

**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 08/18/2009

Signature   
*(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)*

WILL CROCE  
*(Typed or printed name of person signing)*

SECRETARY/DIRECTOR  
*(Title of person signing)*