## N0900006947

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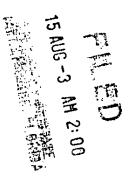
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	Mustang Louchdown	Club, Inc.			TO THE
DOCUMENT NUMBER: 2	N09000006947				
The enclosed Articles of Am	nendment and fee are subm	nitted for filing.			
Please return all corresponde	ence concerning this matter	r to the following:			
Kelly Fields					
<del></del> .		(Name of Contact	Person)		
Mustang Touchdown Club,	Inc.				
		(Firm/ Compa	ny)	<u></u>	
P.O. Box 1053					
		(Address)			
Clarcona, FL 32710-1053					
		(City/ State and Zi	p Code)		
kelly.fields@3bmonline.com	n				
b	-mail address: (to be used	for future annual r	eport notifica	ition)	
For further information conc	erning this matter, please	call:			
Kelly Fields			407 at	509-8943	
	(Name of Contact Person)		(Area Cod	le) (Daytime Telephone	Number)
Enclosed is a check for the f	ollowing amount made pay	yable to the Florida	a Department	of State:	
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Ce y is Ce (A	2.50 Filing Fee entificate of Status entified Copy (dditional Copy is nclosed)	

**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

## **COVER LETTER**

TO: Amendment Section Division of Corporations

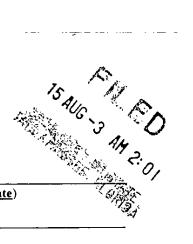
NAME OF CORPORATION	Nustang Touchdown on the contract of the contr	club, inc.			· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER:	N09000006947				Ser. Co
The enclosed Articles of Am	endment and fee are submi	itted for filing.	<b>t</b>		
Please return all corresponde	nce concerning this matter	to the following:			
Kelly Fields					
	(	Name of Contact P	erson)		
Mustang Touchdown Club,	Inc.				
		(Firm/ Compan	y)		
P.O. Box 1053					
	<u> </u>	(Address)			-
Clarcona, FL 32710-1053					
	((	City/ State and Zip	Code)		
kelly.fields@3bmonline.com	n				
E	-mail address: (to be used f	or future annual re	port notification	n)	
For further information conc	erning this matter, please ca	all:			
Kelly Fields		at	407	509-8943	
	(Name of Contact Person)		(Area Code)	(Daytime Telephone	Number)
Enclosed is a check for the fo	ollowing amount made pays	able to the Florida	Department of	State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	343.75 Filing Fee Certified Copy (Additional copy enclosed)	Certii is Certii (Addi	0 Filing Fee ficate of Status fied Copy tional Copy is osed)	

**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

## Articles of Amendment to Articles of Incorporation of



Mustang Touchdown Club, Inc.		
(Name of Corporation as curre	ntly filed with the Florida De	pt. of State)
N09000006947		
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profi	t Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
Maroon and Gold Club, Inc.		The new
name must be distinguishable and contain the word "corpord" "Company" or "Co." may not be used in the name.  B. Enter new principal office address, if applicable:	ation" or "incorporated" or th	ne abbreviation "Corp." or "Inc." .
(Principal office address <u>MUST BE A STREET ADDRESS</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 1053	
	Claronca, FL 32710-1053	
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		the name of the
	address.	
Name of New Registered Agent:	<u> </u>	
	(Florida et	reet address)
New Registered Office Address:	(1-10) 144 311	reer address)
		. Florida
<del>- 10 = 0</del>	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere	d Agent:	
I hereby accept the appointment as registered agent. I am f	a Agent: amiliar with and accept the ob	ligations 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 <math>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	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or addin attach additional shee	ts, if necessary).	(Be specific)				
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			<u>.</u>		<u>.</u>	 
				<u> </u>	· · · · · · · · · · · · · · · · · · ·	 
	<del> </del>		<u> </u>	<del></del>		

	7/1/2015	
The date of each amendment(s) at date this document was signed.	doption:	, if other than the
7/1/ Effective date <u>if applicable</u> :	/2015	
Effective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date we partment of State's records.	rill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendment(sal.	s)
☐ There are no members or mem adopted by the board of direct	abers entitled to vote on the amendment(s). The amendment(s) was/were tors.	
7/12/2015 Dated		
Signature	llit Filds	
(By the chai have not be	rman of vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	<del></del>
KELLY	A. FIELDS	
	(Typed or printed name of person signing)	
SECRE	TARY	
	(Title of person signing)	