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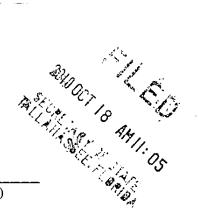
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SALTWATER	COWE	OY FI	SHING RO	ODEO, INC
DOCUMENT NUM	BER: N0900009010				
The enclosed Article	s of Amendment and fee are sub	omitted for	filing.		
Please return all corr	espondence concerning this mat	ter to the f	ollowing	:	
	GEOR	GE M ST	ONE		
	(Name of	Contact F	erson)		
	(Firm	n/ Compan	y)		
	7512 F	RIDGE R	OAD		
	(,	Address)	•		
	PORT RIC	 		3	
	(City/ Sta	te and Zip	Code)		
	MICHAEL@STO E-mail address: (to be use				ation)
For further informati	on concerning this matter, pleas	e call:			
GEORGE M STO	DNE	at (727	_)_842-318	80
(Name	of Contact Person)		(Area (Code & Daytii	ne Telephone Number)
Enclosed is a check t	or the following amount made p	payable to	the Florid	da Departmen	t of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certif	3.75 Filin ied Copy tional cops sed)	,	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address			Address	
Amendment Section Division of Corporations			Amendment Section Division of Corporations		
P.O. Box 6327			Clifton Building		
		xecutive Cente	r Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



SALTWATER COWBOY FISHING RODEO, INC

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

N09000009010

(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:

he new name must be distinguishable and con bbreviation "Corp." or "Inc." <u>"Company" or</u>		
. Enter new principal office address, if application of the principal office address MUST BE A STREET		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	
	WATER TO A STATE OF THE STATE O	
. If amending the registered agent and/or registered agent and/or the new registered Agent:		enter the name of the
		enter the name of the
new registered agent and/or the new register Name of New Registered Agent:	ered office address:	enter the name of the

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) **Title** Name | Address Type of Action _ 🗆 Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) ADD INDICATED PARAGRAPHS ON ATTACHED SHEET

Additional Information Requested:

1. Please read the Penalties of Perjury statement on page 1 above. Then, please sign and date below, indicating you agree to the Declaration.

Name Month 9-29-10

Date

- 4. In order to meet the organizational test for exemption under section 501(c)(3), your Articles of Incorporation (organizational document) must be amended to include the following provisions:
 - a. Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.
 - b. Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

PLEASE SUBMIT A COMPLETE COPY OF THIS AMENDMENT. THE COPY YOU SUBMIT. TO US MUST SHOW THAT IT HAS BEEN PROPERLY FILED AND APPROVED BY YOUR APPROPRIATE STATE AGENCY. WE CANNOT ACCEPT A COPY STAMPED "RECEIVED".

The date of each amendmen	t(s) adoption: 09/21/10
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_09/2 Signature	Deore m Stom
(By	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	GEORGE M STONE
	(Typed or printed name of person signing)
	TREASURER
	(Title of person signing)

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