N10000003248

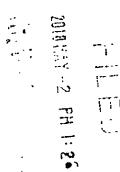
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: South Florida Wildle	ands Association, Inc		
N10000003248 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subr	nitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Matthew Schwartz			
	(Name of Contact Pe	erson)	
South Florida Wildlands Association, Inc.			
	(Firm/ Company	·)	<u>.</u>
P.O. Box 30211			
	(Address)		
Fort Lauderdale, FL 33303			
	(City/ State and Zip	Code)	
southfloridawild@yahoo.com			
E-mail address: (to be used	for future annual rep	ort notification	1)
For further information concerning this matter, please	call:		
Matthew Schwartz	at	954	
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida I	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certit s Certif	0 Filing Fee leate of Status led Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	An Di	reet Address nendment Sect vision of Corpo fron Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

South Florida Wildlands Association 1 KC. (Name of Corporation as currently filed with the Florida Dept. of State) N10000003248 (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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office 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

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 officeridirector 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 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	<u>V</u> <u>Mik</u>	<u>i Doe</u> e Jones e <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Corr.S.E	Leigh Buckner	1631 NE 19th Street
Add			Fort Lauderdale, FL 33305
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u> </u>
Remove			

(attach additional sh	fing additional Article neets, if necessary). (f	Be specific)				
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			March 28, 2018	
	date of each amer this document was		tion:	, if other than the
Effe	ective date <u>if appli</u>	cable:		 .
			tno more than 90 days after amendment file date)	
			does not meet the applicable statutory filing requirements, this date will not ment of State's records.	ot be listed as the
Adoption of Amendment(s)		ent(s)	(CHECK ONE)	
	The amendment(s was/were sufficient		ited by the members and the number of votes east for the amendment(s)	
	There are no mem adopted by the bo		s entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated	March 28, 201	8	
	Signature		Glarhunder	
		have not been:	on or vice chairman of the board, president or other officer-if directors selected, by an incorporator — if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
		Brion Black	swelder	
			(Typed or printed name of person signing)	
		President		
			(Title of person signing)	