N10000007099

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Deuce Dawgs	M.C. Inc.	
DOCUMENT NUM	BER: N1000007099		
The enclosed Article	s of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	<u>'</u>	y Williams	
	(Name of	Contact Person)	
	Deuce D	awgs M.C. Inc.	
	(Firm	n/ Company)	
	188 N	Martin Street	
	(,	Address)	
	Quino	sy, Fl. 32351	
	(City/ Sta	te and Zip Code)	
·	bigwilly02 E-mail address: (to be use	56@yahoo.com d for future annual report notifi	cation)
For further information	on concerning this matter, pleas	e call:	
Terry Williams		at (850) 661-27	'96
(Name	of Contact Person)	(Area Code & Dayt	'96 time Telephone Number)
Enclosed is a check f	or the following amount made p	payable 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)
Mailing Address Amendment Section		Street Address Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporat Clifton Building	tions
Tallahassee, FL 32314		2661 Executive Cent Tallahassee, FL 3230	

Articles of Amendment to **Articles of Incorporation** of

FILED

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Deuce Dawgs M.C. Inc. OF STATE (Name of Corporation as currently filed with the Florida Dept. N10000007099 (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 <u>MUST BE A STREET ADDRESS</u>) 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: 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

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
Officer/IP	Thomas Hinson	6267 Greensboro Hwy. Quincy, Fl. 32351	_ ☑ Add _ ☐ Remove
Officer	Quinction Hall	1376 Hardin Street Quincy, Fl. 32351	
			_
	ng or adding additional Articles, enter itional sheets, if necessary). (Be specif		
••••••			

The date of each amendmen	t(s) adoption:	08/06/11
• • • • • • • • • • • • • • • • • • •	08/08/11	(date of adoption is required)
	(no n	nore than 90 days after amendment file date)
Adoption of Amendment(s)	((CHECK ONE)
The amendment(s) was/we was/were sufficient for app		the members and the number of votes cast for the amendment(s)
There are no members or adopted by the board of di		ed to vote on the amendment(s). The amendment(s) was/were
Dated_08/0	08/11	
Signature _	1/4	υ. ω
hav	ve not begin sele	or vice chairman of the board, president or other officer-if directors ected, by an incorporator – if in the hands of a receiver, trustee, onted fiduciary by that fiduciary)
		Terry Williams
		Typed or printed name of person signing)
		Founder D
	`	(Title of person signing)

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