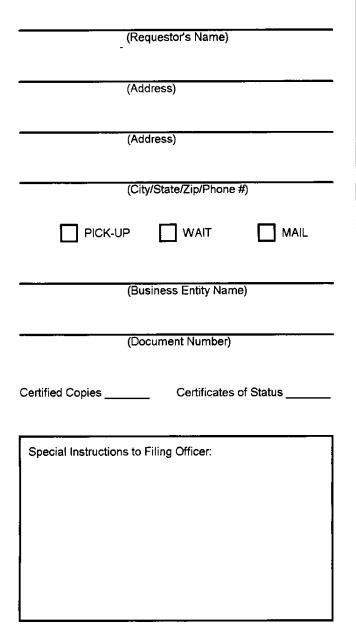
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Office Use Only



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FEB 27 2012 C. MUSTAIN

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	K95	FOR	WARRIORS	INC				
DOCUMENT NUMBER:	111000	001854						
The enclosed Articles of Amendment	and fee are submi	itted for filing.						
Please return all correspondence conce	rning this matter	to the following:						
TODO GAL	LEY							
	(Name of Contact Per	rson)					
K95 FOR	WA	RRIORS						
		(Firm/ Company))					
591 N.	WILDE	RNESS	TRAIL					
		(Address)						
PONTE V	EDRA	BEACH	FL 320	82				
	((City/ State and Zip C	ode)					
	_		JARRIORS. ORG					
E-mail addr	ess: (to be used f	or future annual repo	ort notification)					
For further information concerning this	matter, please ca	all:						
TODO GALLEY		at (90 c	686 - 1950 a Code & Daytime Telephone Nu	0				
(Name of Contact Person	on)	(Area	Code & Daytime Telephone Nu	mber)				
Enclosed is a check for the following a	mount made paya	able to the Florida D	epartment of State:					
□ \$35 Filing Fee □\$43.75 Certifi		3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status					
Mailing Address		Street Address						
Amendment Section Division of Corporat	ions	Amendment Section Division of Corporations						

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the 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) PONTE VEDRA BEACH C. Enter new mailing address, if applicable: WILDERNESS TRAIL (Mailing address MAY BE A POST OFFICE BOX) PONTE VEDRA BEACH FLORIDA 32082 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: (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 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 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: <u>X</u> Change	<u>PT</u>	John D	<u>oe</u>		
X Remove	<u>v</u>	Mike J	ones		
X Add	<u>sv</u>	Sally S	mith		
Type of Action (Check One)	Title		<u>Name</u>		<u>Addres</u> s
Change X Add Remove	<u>T</u>		MAYNE	GALLOWAY	1193 PONTE VEDRA BLUD PONTE VEDRA BEACH FLORIDA 32082
2) Change Add Remove	<u> </u>	· - · ·			
3) Change Add Remove	-			<u> </u>	
4) Change Add Remove	<u> </u>	_ .			
5) Change Add Remove	 	_			
6) Change Add Remove				<u></u>	

(attach ad	lditional s	heets, if	necessary	v). (Be s_i	pecific)							
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E. If amending or adding additional Articles, enter change(s) here:

The	tive date if applicable: $2/22/2012$
Effec	tive date if applicable: 2/22/2012
	(no more than 90 days after amendment file date)
Adop	otion of Amendment(s) (<u>CHECK ONE</u>)
	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 2/22/2012
	Signature Ziam Wal
	(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)
	SHARON L DUVAL
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)