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(Re	questor's Name)	
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(Bu	siness Entity Name))
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TO JUL 30 AN TO: 01

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: _	outh Orlando Rowing	Association		
	00003566			
DOCUMENT NUMBER:				
The enclosed Articles of Amendm	ent and fee are submit	tted for filing.		
Please return all correspondence co	oncerning this matter t	to the following:		
Robert McClory				
	1)	Name of Contact Pe	rson)	· · · · · · · · · · · · · · · · · · ·
South Orlando Rowing Association	n			
		(Firm/ Company)	
10524 Moss Park Road				
		(Address)		
ORLANDO, FL 32827				
	(C	City/ State and Zip C	Code)	
support@soracrew.com				
E-mail	address: (to be used for	or future annual repo	ort notification)
For further information concerning	this matter, please ca	ll:		
Robert McClory		at_	407	929-9727
(Name	of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the followi	ng amount made paya	ble to the Florida D	epartment of S	state:
		\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Addres	<u> </u>	Str	eet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

FILED

of

18 JUL 30 AM 15: 01

South Orlando Rowing Association				11 10 01	
(Name of Corporation	as curren	tly filed with t	he Florida Dept. o		
N11000003566				rusi IJA	
(Docu	nent Numb	per of Corporation	on (if known)		
ursuant to the provisions of section 617.1006, Flomendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida</i> .	Not For Profit Coi	poration adopts the	following
If amending name, enter the new name of the	e corporat	ion:			
					The new
company" or "Co." may not be used in the word	<u>12</u> ,	tion" or "incor	porated" or the ab	breviation "Corp." (nr "Inc."
Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>)			
		-			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10524 Moss F	Park Road		
		Orlando, FL 3	2832		
 If amending the registered agent and/or registered agent and/or the new register 			lorida, enter the n	ame of the	
Name of New Registered Agent:	Michael Cogen				
	10524 M	oss Park Road	·		
			(Florida street ad	ldress)	
New Registered Office Address:				22022	
	Orlando	(City)		, Florida	
		(City)		(Zip Code)	
ew Registered Agent's Signature, if changing l hereby accept the appointment as registered ager			accent the obligati	ions of the position	
петелу иссерт те арролитен из геутегей идег	n. ram jai	, ()	Care ine omgan	онь ој те ромион.	7-2
_	<u> </u>	when	X los	jen	
	S	ignature 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 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>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
I) Change	P	Murphy, Philip F	9161 Narcoosee Road
Add			Suite 202
x Remove			ORLANDO, FL 32827
2) Change	T	Shea, Michael	9161 Narcoosee Road
Add			Suite 202
x Remove			ORLANDO, FL 32827
3) Change	VP 1	Varro, Lori	9161 Narcoosee Road
Add			Suite 202
x Remove			ORLANDO, FL 32827
4) N Change	<u>T</u>	Cogen, Mike	10524 Moss Park Road
Add			Orlando, FL 32832
Remove			
5) Change	<u>s</u>	Hagen, Kelly	9161 Narcoosee Road
Add			Suite 202
x Remove			ORLANDO, FL 32827
6) Change	I,	Keezel, David	10524 Moss Park Road
x Add	: _		Orlando, FL 32832
Remove			

(attach additional sheets, if necessary). (Be specific)
Additional "Adds"
Add: VP 1 - Morris, Amy - 10524 Moss Park Road, Orlando, FL 32832
Add: VP 2 - Schmideler, Susie - 10524 Moss Park Road, Orlando, FL 32832
Add: S - Hillis, Amy - 10524 Moss Park Road, Orlando, FL 32832

E. If amending or adding additional Articles, enter change(s) here:

The date of each amendment(s) ad	option:	, if other than the
late this document was signed.	_	
Effective date <u>if applicable</u> :	Sane	
<u> </u>	(no more than 90 days after amendment file date	2)
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirer partment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adward-was/were sufficient for approva	lopted by the members and the number of votes east for il.	r the amendment(s)
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendments.	nent(s) was/were
Dated	7-28-18	
Signature	man or vice chairman of the board, president or other o	Officer of disparance
have not bee	en selected, by an incorporator – if in the hands of a recappointed fiduciary by that fiduciary)	
	MICHAEZ COGEN (Typed or printed name of person signin	ng)
	TREASURER (Title of person signing)	