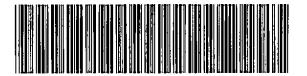
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

DEFENDERS MO NAME OF CORPORATION:	OTORCYCLE CLUI	3 - SOUTTH FL	ORIDA, INC
N11000006133 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sa			
Please return all correspondence concerning this ma	atter to the following	:	
JULIO FUENTES			
	(Name of Contact	(Person)	
	(12)	<del></del>	
	(Firm/ Comp	any)	
19563 SW 130th AVENUE			
	(Address	)	
MIAMI			
	(City/ State and Z	ip Code)	
FLORIDA 33177			
E-mail address: (to be us	sed for future annual	report notification	on)
For further information concerning this matter, plea	ise call:		
JULIO FUENTES		305 at	219-2270
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florid	da Department o	f State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certi y is Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Sec Division of Corp The Centre of	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

DEFENDERS MOTORCYCLE CLUB - SOUTH FLORIDA CHAPTER, INC

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
N11000006133		
(Document	Number of Corporation	(if known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida No</i>	t For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorpoi	rated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD)</u>	<u>RESS</u> )	
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OF FICE BOX	<u>o</u>	
(Maning dates) SEAT DE A COST OFFICE BOX		
D. If amending the registered agent and/or registere		ida, enter the name of the
new registered agent and/or the new registered o	ffice address:	
Name of New Registered Agent:		
New Registered Office Address:		(Florida street address)
		121
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered agent. I		cept the obligations of the position.
	Simultana of Mono D.	rgistered Agent, if changing
	engriciant by men At	garcica agent, g enunging

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	PT         John Do           V         Mike Je           SV         Sally Si	<u>mes</u>		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change Add	<u>T</u>	CELSO LLERENA	19563 SW 130th AVENUE MIAMI, FL 33177	
× Remove  2) Change     Add	<u>T</u>	JAMES GARCIA	19563 SW 130th AVENUE MIAMI, FL 33177	
Remove 3 ) Change Add Remove				
4) Change Add				
Remove  5) Change Add				
Remove 6) Change Add				
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				

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08/23/22				
The date of each amendment(s) adoption: 08/23/22 late this document was signed.				_, if other than the
Effective date <u>if applicable</u> :				
Effective date <u>if applicable</u> : (no more than 90	days after amendm	ent file date)		
<b>Note:</b> If the date inserted in this block does not meet the applocument's effective date on the Department of State's reco	plicable statutory fi ords.	ling requirements, th	nis date will not	be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

•	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 8/23/22
	Signature
	(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)
	CELSO LLERENA
	(Typed or printed name of person signing)
	TREASURER

(Title of person signing)