N1100008002

(Re	questor's Name)	
——————————————————————————————————————	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800229826098

04/18/12--01016--004 **35.00

12 APR 18 AM 8: 52

SECRETARY OF START ON SION OF CORPORATIONS

COVER LETTER

'TO: Amendment Section
Division of Corporations

* INTREPID BRC	THERS MOTORC	YCLE CLUB, INC.
N1100008602 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are subr	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Niccolo G. Caligiuri		
	(Name of Contact Person	n)
INTREPID BROTHERS MOTORCYCLE	CLUB, INC.	
	(Firm/ Company)	
9818 SW 24th AVE		
	(Address)	
Gainesville, FL 32606	•	
	(City/ State and Zip Code	e)
niki.caligiuri@gmail.com		
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Niki Caligiuri	352	871-6511
. (Name of Contact Person)	at (at (Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Eassee, FL 32301

Articles of Amendment to Articles of Incorporation

(Document Number of Corporation (if known) ursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the mendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: ame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." Company" or "Co." may not be used in the name. Enter new principal office address, if applicable:	The new
ursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the mendment(s) to its Articles of Incorporation: . If amending name, enter the new name of the corporation: ame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." Company" or "Co." may not be used in the name.	The new
mendment(s) to its Articles of Incorporation: . If amending name, enter the new name of the corporation: ame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." Company" or "Co." may not be used in the name.	The new
ame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." Company" or "Co," may not be used in the name.	
Company" or "Co." may not be used in the name.	
Company" or "Co," may not be used in the name.	
Enter new principal office address if applicable	or "Inc."
Principal office address MUST BE A STREET ADDRESS)	_
	2 5
. Enter new mailing address, if applicable:	2
(Mailing address MAY BE A POST OFFICE BOX)	- o
	_ =
	တ္
·	- ഗ <u>്ര</u>
. 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)	
iew Registered Agent's Signature, if changing Registered Agent:	

Page 1 of 4

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 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	<u>PT</u>	John Doe	•
X Remove	. <u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
Change Add Remove	<u>S</u>	FULTON, JUSTIN A	1320 NW 47 TERRACE GAINESVILLE FL 32605
2) Change Add Remove	<u>s</u>	CALIGIURI, NICCOLO G	8716 NW 35th Rd Gainesville FL 32606
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Articletach additional sheets, if necessary).	(Be specific)				
		· -			
					
•					
		· · · · · · · · · · · · · · · · · · ·			
		. <u>-</u>			
					
		<u> </u>		 	
			,	 	
			•		
				······	
					

Γhe d	. 4/2/2012 late of each amendment(s) adoptions
	tive date if applicable:
SHEC	(no more than 90 days after amendment file date)
∖dop	otion of Amendment(s) (CHECK ONE)
	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 4/6/2012
	Signature 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)
	WICHAM S. BACKREG
	(Typed or printed name of person signing) PRESULENT
	(Title of person signing)