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COVER LETTER

TO: Amendment Section Division of Corporations

5 NAME OF CORPORATION: _	0 Legs in 50 Days, Inc.			
	00009280			
DOCUMENT NUMBER:				
The enclosed Articles of Amendm	ent and fee are submitte	d for filing.		
Please return all correspondence of	oncerning this matter to	the following:		
Robert Dollinger				
	(Na	me of Contact Per	son)	
50 Legs in 50 Days, Inc.				
		(Firm/ Company)		
4511 W Ballast Point Blvd				
		(Address)	-	
Tampa FL 33611				
	(Cit	y/ State and Zip C	ode)	·
rob@50legs.org				
E-mail	address: (to be used for	future annual repo	ort notification)
For further information concerning	this matter, please call:			
Robert Dollinger		at	813	408-4004
(Nam	e of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	ng amount made payabl	e to the Florida D	epartment of S	State:
□ \$35 Filing Fee □\$4	ertificate of Status C	43.75 Filing Fee & ertified Copy Additional copy is nclosed)	Certifi Certifi	cate of Status ed Copy ional Copy is
Mailing Addres	<u>ss</u>	Stre	et 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 of

50 Legs in 50 Days, Inc.			
(Name of Corporation as	currently filed with the Flori	da Dept. of State)	
N11000009280			
(Document	Number of Corporation (if known	own)	
Pursuant to the provisions of section 617,1006. Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation ado	pts the following
A. If amending name, enter the new name of the con	rporation:		
			The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated"	or the abbreviation "C	lorp." or "Inc."
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD.</u>		-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX			
	·		E so
			- <u></u>
			<u> </u>
). If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the	19 / SSEE
···	mice address.		AH IO
Name of New Registered Agent:			夏
	(Flo	rida street address)	<u> </u>
New Registered Office Address:			
		, Florida _	
	(City)	(Zip Co	ode)
New Registered Agent's Signature, if changing Regi	stered Agent:		
hereby accept the appointment as registered agent.		he obligations of the po	sition.
	Signature of New Registe	red 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 <u>Doe</u> se Jones sy Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	Thomas Free	6511 Bayou Grande Blvd., NE
Add			St Pete, FL 33702
X Remove			
2) Change	VP	Shane Wood	1440 LIME ST.
Add			CLEARWATER, FL 33756
X Remove			19 A
3) Change	D	Kristian Dentley	2741 Stonegate Dr
X Add			Ocoee, FL 34761
Remove			
4) X Change	P	Gary Clifford	2100 34th Way N
Add			Largo, FL 33771
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti utach additional sheets, if necessary).	(Be specific)
	
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- -	
	<u>Sm_F</u>

		August 6th 2019	
	e date of each amend this document was s	dment(s) adoption:signed.	, if other than the
** **		August 6th 2019	
EII	ective date <u>if applic:</u>	(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will not be te on the Department of State's records.	e listed as the
Ado	option of Amendme	ent(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.	
	There are no memb adopted by the boa	pers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	08/07/2019	
	Signature _		
	(1	By the chairman of 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)	•
		Robert Dollinger	
		(Typed or printed name of person signing)	
		Chief Operating Officer	4
			FILED