## NII 000009280

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations 50 LEGS IN 50 DAYS, INC. NAME OF CORPORATION: N11000009280 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: VIVIAN SMITH (Name of Contact Person) 50 LEGS IN 50 DAYS, INC. (Firm/ Company) 2237 HEMERICK PLACE (Address) CLEARWATER, FL 33765 (City/ State and Zip Code) vivian@50legs.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Vivian Smith 692-9489 727 at (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

50 LEGS IN 50 DAYS, INC.

(Name of Corporation as currently filed with the Florida	Dept. of State)	
N11000009280		
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statt amendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corpo	oration adopts the following
A. If amending name, enter the new name of the corpora	ation:	
		The new
name must be distinguishable and contain the word "corpor" Company" or "Co," may not be used in the name.	ation" or "incorporated" or the abbr	eviation "Corp," or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.	(2	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		17.2
	<del></del>	in Line
		<del>- 52 ≩ □</del>
D. If amending the registered agent and/or registered of		
new registered agent and/or the new registered office	address:	56 56
Name of New Registered Agent:		<del>.</del>
	A lorida street addre	'AS)
New Registered Office Address:		
		, Florida
	(Ciţy)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f		s of the position.
<del></del> -	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 X Remove A Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	T	Terry McCov	9524 Star Trail New Port Richev, FL 34654
× Remove			
2) Change Add			
Remove  3 ) Remove  Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending or addin</u> (attach additional shee		nal Articles, enter change(s) here: ssary). (Be specific)	
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The date of each amendment(s) adoption:	October 13, 2021				, if other	e though the
the date of each amendment(s) adoption: date this document was signed.				<u>_</u>	, H offic	cman me
Out short 12. 3	021					
Effective date if applicable:	o more than 90 days	after amen	dment file date	·)		
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<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption 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.

D . 1	October 15, 2021
Dated	
Signatu	- Land Colord
	(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)
	GARY CLIFFORD (Typed or printed name of person signing)
	(13 ped of printed hante of person signing)
	PRESIDENT