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MAR 1'3 2014' R. WHITE

Amendment Section Suzanne Rufrano (Name of Contact Person) ast Ride Inc Ocoee, FL 34761 be used for future annual report notification Anthony Rufrano (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: J\$43.75 Filing Fee & □\$43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy Amendment Section Division of Corporations Clifton Building

and the state of t	
Articles of Amendment	;
articles of Incorporation	
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(Name of Corporation as currently filed with the Florida Dept, of State)	
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Document Number of Corporation (if known)	,
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Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the foll	Milion Milion
amendment(s) to its Articles of incorporation:	on mg
A. If amending name, enter the new name of the corporation:	
amendment(s) to its Articles of incorporation: A. If amending name, enter the new name of the corporation:	ŝ
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name must be distinguistiable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "	Inc."
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S. P. Hell new Difficipat Office address: If applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
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C. Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	,
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D. 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:	
is a registered agent anom the new registered diffe and ress.	
Name of New Registered Agent: N/A	
	}
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(Plorida street address)	,
New Registered Office Address:	
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New Registered Agent's Signature, if changing Registered Agent:	
Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position,	,
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Signature of New Registered Agent, if changing	*
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held, President, Treasur	er, Direci	or would	be PTD.		n de la companya de l			:
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Example: X.Change X.Remove X. Add	PI Y SY	John D Mike J Sally S	ones		(E)	•		
Type of Action (Check One)	Title		Name			-	<u>Addres</u> s	
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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

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 afficer/director holds more than one title, list the first letter of each office

address of each Officer and/or Director being added:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Upon the dissolution of the organization, assets shall be distributed one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Under penalties of perjury, I declare that I have examined this information, including accompanying documents, and, to the best pf my knowledge and belief, the information contains all the relevant facts relating to the request for the information, and such facts are true, correct, and complete.

The date of each amendment(s) adoption: Warch 11, 2014					
date this document was signed. Effective date <u>if applicable</u> :		<i>4.</i>			
		(no more than 90 days after	amendment file date)	 ,	
Ado	option of Amendment(s)	(CHECK ONE)			
	The amendment(s) was/were was/were sufficient for appro		nber of votes cast for the amendment(s)		
8	There are no members or men adopted by the board of direct		nent(s). The amendment(s) was/were		
	Dated	ane Rupano			
	have not b		l, president or other officer-if directors in the hands of a receiver, trustee, or ry)		
	Suzanne	Rufrano			
		(Typed or printed name of person	signing)	!	
	Secretary	<i>!</i>			
	· · · · · · · · · · · · · · · · · · ·	(Title of person signing	5)	•	