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TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION:	R CLUB OF THE UNITED	STATES, POI	RT OF JACKSONVILLE, INC.
PROPELLER CL	UB OF THE UNITED STA	TES, PORT O	F JACKSONVILLE, INC.
The enclosed Articles of Amendment and fee a	are submitted for filing.		
Please return all correspondence concerning the	is matter to the following:		
Whitney Croxton			
	(Name of Contact Pe	erson)	
3486 Nightscape Circle			
	(Firm/ Company	/)	
	(Address)		
Jacksonville, FL 32224			
	(City/ State and Zip	Code)	
whitney.croxton@gmail.com			
E-mail address: (to b	be used for future annual rep	ort notification	1)
For further information concerning this matter,	please call:		
Whitney Croxton	at	904	7382346
(Name of Contact		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount r	nade payable to the Florida I	Department of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing For Certificate of S		Certif s Certif	D Filing Fee cate of Status led Copy tional Copy is

Mailing Address
Amendment Section

Division of Corporations P.O. Box 6327

Street Address Amendment Section Division of Corporations The Centre of Tallahassee

Enclosed)

Articles of Amendment to Articles of Incorporation of

PROPELLER CLUB OF THE UNITED STATES, PORT OF JACKSONVILLE, INC.

(Name of Corporation as currently filed with the F)	orida Dept. of State)
N13000003016	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:
	The ne
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the abbreviation "Corp." or "Inc.
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	: PRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u> </u>
D. If amending the registered agent and/or register new registered agent and/or the new registered of	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
	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 X Add	PT John De V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	Presiden	Linda Carrion	9821 FAWN BROOK DRIVE JACKSONVILLE FL 32256
x Remove			
2) × Change Add	Presiden	Whitney Croxton	3486 Nightscape Circle Jacksonville, FL 32224
Remove	<u>VP</u>	Kenny Santos	Jacksonville, FL 32206
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or adding (attach additional sheet		icles, enter change(s) here: (Be specific)	
			·

		
		
	-	
		
The date of each amendment(s) adoption:ate this document was signed.		, if other than th
Effective date if applicable: 7/1/2021 (no more than 90 days after amendme		· · · · · · · · · · · · · · · · · · ·

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.

7/16/2021
Dated
Signature Mith
(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)
Carmenzina Smith
(Typed or printed name of person signing)

(Title of person signing)