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SECRETARY OF STATE

MAR 2 5 2015 C. CARROTHERS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Marathor	n Tarpon To	urnaments Inc.
TAME OF CORFORATION.		
DOCUMENT NUMBER: N1300000	3246	
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Kim Rabito Show		
	(Name of Contact Person	1)
	02: 40	
	(Firm/ Company)	
5204 Dogwood Dell		
	(Address)	
Marathon, FL 33050		
	(City/ State and Zip Cod	e)
kimmieinthekeys		
E-mail address: (to be use For further information concerning this matter, pleas	ed for future annual report i e call.	nourieation)
Kim Rabito Show		304-8591
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	≥ □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status 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 assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Marathon Tarpon Tol				_
(Name of Corporation as currently	y filed with the Flor	rida Dept. of State)		
N13000003246				_
(Docu	ment Number of Co	rporation (if known)		
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporation		s, this <i>Florida Not For F</i>	Profit Corporation adopts th	e following
A. If amending name, enter the new nar	ne of the corporati	on:		
				_The new
name must be distinguishable and contain "Company" or "Co." may not be used in	the word "corporate	ion" or "incorporated"	or the abbreviation "Corp."	or "Inc."
		5204 Dogwo	ood Dell	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				- 5 <u>5</u>
				·差 3
C. Enter new mailing address, if applic				
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )				
				2 3 1 % 1 % 1 % 1 % 1 % 1 % 1 % 1 % 1 % 1
		<u>_</u>		
D. If amending the registered agent and	Var registered affic	e address in Florida, er	iter the name of the	
new registered agent and/or the new			the name of the	
Name of New Registered Agent:	Kim Rabito S	Show		
	5204 Dog	wood Dell		
		(Florida street address)		
New Registered Office Address:	Marathon		22050	
	(City)		, Florida 33050	
			(Zip Coa	<i>e)</i>
New Registered Agent's Signature, if ch I hereby accept the appointment as registe			e obligations of the position. ShiM	

Page 1 of 4

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 Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>P</u>	Jason N Long	150 8th Street
Add  Remove			Key Colony Bch, FL 33051
2) Change	Р	Kim Rabito Show	5204 Dogwood Dell
X			Marathon, FL 33050
Remove 3)Change	<u>VP</u>	Lara Rutskin Martin	555 95 Street Ocean
X Add Remove			Marallion, FL 33050
4) Change			
Add			
5) Change		- WANTE - THE	
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)
<del></del>	
I	
	<del>*************************************</del>

	e date of each amendment(s) adoption:	_, ii other than t
	late this document was signed.  Effective date if applicable: 3/10/2015	
	(no more than 90 days after amendment file date)	
Ad	option of Amendment(s) ( <u>CHECK ONE</u> )	
	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 3/10/2015 Signature Kem Kaketo Shim	_
	(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)	_
	Kim Rabito-Show	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	