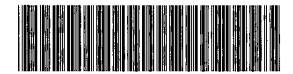
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(Re	questor's Name)	
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C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

MARION COUNTY POP WARNER RAIDERS INC. NAME OF CORPORATION:			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
CALTON LEE			
(Name of Contact Person)			
(Firm/ Company)			
PO BOX 194			
(Address)			
SPARR, FL. 32192			
(City/ State and Zip Code)			
MARIONCOUNTYRAIDERS2015@GMAIL.COM			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Antonine He Lewis (Name of Contact Person) at (353) 28(0-6793) (Area Code) (Daytime Telephone Number)			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$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 **Street Address**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MARION COUNTY POP WARNER RAIDERS INC.

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)	
N13000006489		
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the follo	wing
A. If amending name, enter the new name of the corpora	tion:	
	The	e new
name must be distinguishable and contain the word "corpord" (Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp." or "I	Inc."
B. Enter new principal office address, if applicable:	13247 NE 21ST AVE RD	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	CITRA, FL. 32113	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 194	
	SPARR, FL. 32192	
D. If amending the registered agent and/or registered off		
new registered agent and/or the new registered office	address:	
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:		
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for		
	Signature of New Registered Agent, if changing	<u> </u>

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 ty Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	ANTON HIXON	
Add X Remove			
2) Change	<u>D</u>	JAMES LEVOYA	
Add X Remove			
3)Change	<u>D</u>	APRIL RENEE ROSE-MCCOY	
Add Remove			
4) Change	P	CALTON LEE	PO BOX 194
X Add			SPARR, FL. 32192
Remove 5) Change	<u>v</u>	ERIC CUMMINGS	PO BOX 194
X Add			SPARR, FL 32192
Remove	D	KELVIN PINKNEY	PO BOX 194
6) Change Add		ALL VIIVI II MAINE I	SPARR, FL 32192
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	eles, enter change(s) here: (Be specific)	
Add: Antoinette Lewis		
Title: D		
Address: 434 NW 6th Terr. Ocala, Fl. 3447		-

	NOVEMBER 25, 2015 e date of each amendment(s) adoption:	_, if other than the
	e this document was signed. NOVEMBER 25, 2015	
Effe	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not burnent's effective date on the Department of State's records.	e listed as the
Ada	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.	5
	Dated NOVEMBER 25, 2015	ちBC14
	Signature attn	_ 3
	(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)	M 8: 32
	CALTON LEE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	