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(Requestor's Name)			
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T PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
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SEP, 12 2014, R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations y Riderz, 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: (Address) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) (Name of Contact Person) 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 Certified Copy Certificate of Status (Additional copy is 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

Enclosed)

	Articles of Amendment	FILED
	to	*** CED = -
	Articles of Incorporation of	14 SEP -5 PM 12: 13
(Name of Corporation as currently)	Rider? Inc. Gled with the Florida Dept. of State)	TAREATASSEL FLORIDA
(Docum	ent Number of Corporation (if known)	
Pursuant to the provisions of section 617.100 amendment(s) to its Articles of Incorporation	06, Florida Statutes, this <i>Florida Not For Prof</i> u 1:	it Corporation adopts the following
A. If amending name, enter the new name	of the corporation:	
name must be distinguishable and contain th "Company" or "Co." may not be used in th	e word "corporation" or "incorporated" or the name.	The new he abbreviation "Corp." or "Inc."
B. Enter new principal office address, if a (Principal office address MUST BE A STR.)	pplicable: 4003 N EET ADDRESS) Belle Gla	N 17th Street de, FL 33430
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF	Belle Gla	11th Street ade, FL 33430
D. If amending the registered agent and/o new registered agent and/or the new r	or registered office address in Florida, enter egistered office address:	the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
_	.	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registered	nging Registered Agent: ad agent. I am familiar with and accept the ob	ligations of the position.

Page 1 of 4

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:

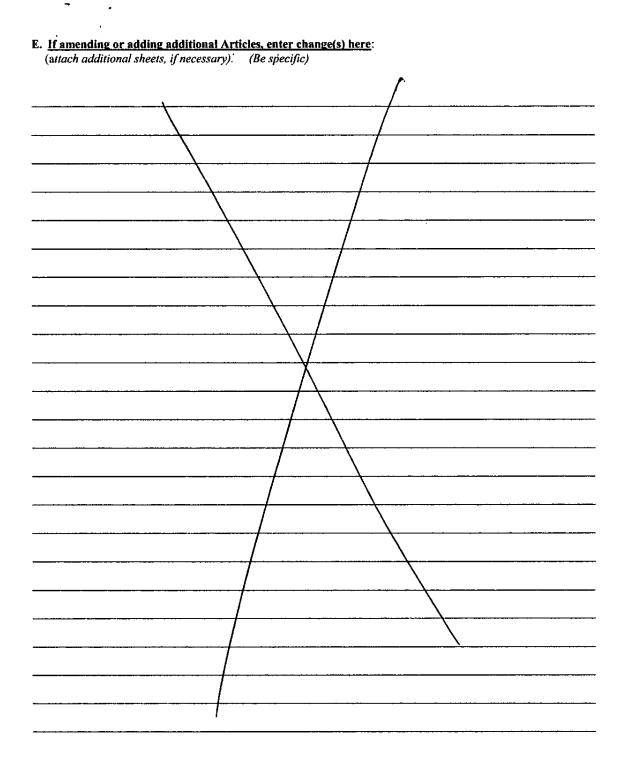
(Attach additional sheets, if necessary)

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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u>S</u>	Jessica Bryant	300 NW 15th street Belle Glade, FL 33430
2) Change Add	5	Eugenia L. Lawsor	1 4003 NW 17th Street Belle Glade, FL 33430
Remove 3) Change Add Remove			
4) Change Add Remove	 .		
5) Change Add Remove		·	
6) Change Add Remove	***************************************		



Page 3 of 4

The date of each amendment(s) adoption:	, il other than the
date this document was signed. Effective date if applicable: 8-20-14	
(no more than 90 days after amendment file date)	
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.	
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 8-20-14	
Signature	
(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)	
LOUIS P. OELMOUR	
(Typed or printed name of person signing)	
(Title of person signing)	

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