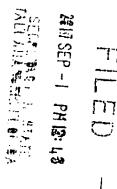
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COVER LETTER

TO: Amendment Section Division of Corporations

ALVA BABE NAME OF CORPORATION:	RUTH/CAL RIPKEN INC
N15000006653	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee ar	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
MATTHEW BECHTEL	
	(Name of Contact Person)
ALVA BABE RUTH/CAL RIPKEN INC	
	(Firm/ Company)
2107 RIVER RIDGE BLVD	
	(Address)
FORT MYERS. FL 33905	
	(City/ State and Zip Code)
ALVABRCR@GMAIL.COM	
E-mail address: (to be	e used for future annual report notification)
For further information concerning this matter, p	olease call:
MATTHEW BECHTEL	239 246-7297 at
(Name of Contact P	· · · · · · · · · · · · · · · · · · ·
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing F Certificate of Si	Tee & S43.75 Filing Fee & S52.50 Filing Fee tatus Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ALVA BABE RUTH/CAL RIPKEN INC.

(Name of Corporation	as curre	ntly filed with the Flo	rida Dept. of State)
N15000006653			
(Docur	nent Num	ber of Corporation (if	known)
Pursuant to the provisions of section 617.1006. Flo amendment(s) to its Articles of Incorporation:	rida Statu	tes, this <i>Florida Not F</i>	for Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corpora	tion:	
N/A			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ation" or "incorporate	
B. Enter new principal office address, if applica	hle.	N/A	
(Principal office address MUST BE A STREET A		(i)	
			6-22
			200
C. Enter new mailing address, if applicable:		N/A	SEP T
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	N/A	
			· · · · · · · · · · · · · · · · · · ·
			No.
			t to
D. If amending the registered agent and/or registered			, enter the name of the
new registered agent and/or the new register		address:	
Name of New Registered Agent:	N/A		
	N/A		
		(1	Florida street address)
<u>New Registered Office Address:</u>			
			Florida (Zip Code)
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			ot the obligations of the position.
-		Signature of New Revi	stered 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	<u>V</u> <u>N</u>	ohn Doe Mike Jones Gally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	T, S	Rebecca Edwards	19730 Palm Beach Blvd
Add	2-11		Alva, FL 33920
X Remove			
2) Change	s	Amanda Gee	3205 72nd St W
X Add			Lehigh Acres, FL 33871
Remove			
3) Change	T	Jason Carney	17660 Millers Gully Ln
X Add			Alva, FL 33920
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove		Page 7 of 1	

attach aad	ng or addir litional shee	as, ij nece	ssarv).	(Be spec	y(c)							
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	8/7/17	16 al alamaha
	mendment(s) adoption:	, if other than the
date this document v	was signed.	
	8/17/17	
Effective date <u>if ap</u>	(no more than 90 days after amendment file date)	
Note: If the date in document's effective	serted in this block does not meet the applicable statutory filing requirements, this date will not be date on the Department of State's records.	t be listed as the
Adoption of Amen	dment(s) (<u>CHECK ONE</u>)	
	nt(s) was/were adopted by the members and the number of votes cast for the amendment(s) icient for approval.	
	nembers or members entitled to vote on the amendment(s). The amendment(s) was/were e board of directors.	
Dated	8/28/17 d	
Signa	ature MH CB	
Ţ	(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)	
	Matthew R Bechtel	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	