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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION		F FLORIDA MASON	NIC RIDERS A	ASSOCIATION INC.
DOCUMENT NUMBER:	N15000006983			
The enclosed Articles of Art		mitted for filing.		
Please return all correspond	ence concerning this mat	ter to the following:		
Christopher W. Wadsworth	esq.			
,		(Name of Contact Pe	erson)	
Wadsworth Margrey & Dix	on LLP			
		(Firm/ Company	/)	
261 N.E. 1st Street 5th Floo	г			
		(Address)		
Miami Florida 33132				
		(City/ State and Zip	Code)	
cw@wmd-law.org				
E	-mail address: (to be use	d for future annual rep	ort notification	n)
For further information cond	erning this matter, please	e call:		
Christopher W. Wadsworth	esq.	at	305	777-1000
	(Name of Contact Person	1)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made p	ayable to the Florida	Department of	State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	O Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A	ddress	Str	reet Address	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the	e Florida	Dept. of State)		
N15000006983				
(Docum	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 Florida Not For Profit C	Corporation adopts th	e following
A. If amending name, enter the new name of th WIDOWS SONS OF FLORIDA MOTORCYCLE				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ation" or "incorporated" or the a	ibbreviation "Corp."	
B. Enter new principal office address, if applica	ıble:	212 Jackson Ave		·
(Principal office address <u>MUST BE A STREET A</u>	DDRESS	Lehigh Acres Florida 33936		
			<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>)	212 Jackson Ave		
		Lehigh Acres Florida 33936	·.	_ :
D. If amending the registered agent and/or reging the registered agent and/or the new register			e name of the	: r
		orth Margrey & Dixon LLP		
Name of New Registered Agent:		. 1st Street 5th Floor		
New Registered Office Address:		(Florida street	address)	
	Miami		, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen ————————————————————————————————————	nt. I am fi	d Agent: amiliar with and accept the obligation accept the obligation and accept the obligation accept t	6	

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 I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	VP	John C. Purdv	12016 Blazing Star Dr. Venice FL 34293
× Remove			
2) Change Add			
X Remove 3) Change Add Remove	TR	John C. Purdv	12016 Blazing Star Dr. Venice FL 34292
4) Change Add	<u> TR</u>	David Hodson	2130 SAINT Croix AVE FORT MEYERS FL 33905
Remove			
5) Change Add			
Remove			
6) Change Add			N
Remove			
E. If amending or add (attach additional she	ing additional Ar eets, if necessary).	rticles, enter change(s) here: (Be specific)	
	<u>.</u>		

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"				
				
				
The date of each amendmen date this document was signed	t(s) adoption: August 1, 2024	···		, if other than the
Effective date <u>if applicable</u> :	August 1, 2024	<u> </u>		
	(no more than 90 day	ys after amendment	fîle date)	
	nis block does not meet the applic he Department of State's records		g requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
■ The amendment(s) was/v	vere adopted by the members and	the number of vote	es east for the amendmen	t(s)

was/were sufficient for approval.

Datad	10/24/2024
Dated	<u> </u>
Signature	- Ind m
-	(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)
	Jason Rine
	76501 KIIK
	(Typed or printed name of person signing)

(Title of person signing)

Articles of Amendment to Articles of Incorporation of

WIDOWS SONS OF FLORIDA MASONIC RIDERS ASSOCIATION INC.

(Name of Corporation as currently filed with the	e F <u>l</u> orida I	Dept. of State)
N15000006983		
(Docum	nent Numb	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporat	ion:
WIDOWS SONS OF FLORIDA MOTORCYCLE	RIDERS A	ASSOCIATION INC. The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	l "corpora e.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	ble:	212 Jackson Ave
(Principal office address <u>MUST BE A STREET A</u>		Lehigh Acres Florida 33936
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	212 Jackson Ave
		Lehigh Acres Florida 33936
D. If amending the registered agent and/or regi- new registered agent and/or the new register	stered offi ed office a	ce address in Florida, enter the name of the ddress:
Name of New Registered Agent:	Wadswor	th Margrey & Dixon LLP
	261 N.E.	1st Street 5th Floor
<u>New Registered Office Address:</u>		(Florida street address)
	Miami	
		(City) (Zip Code)
New Registered Agent's Signature, if changing I	Registered	Agent
I hereby accept the appointment as registered agen	t. I am fai	miliar with and accept the obligations of the position.
-	Jan Company	gnature 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	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>VP</u>	John C. Purdy	12016 Blazing Star Dr. Venice FL 34293
x Remove			
2) Change Add		-	
x Remove 3) Change Add Remove	<u>TR</u>	John C. Purdy	12016 Blazing Star Dr. Venice FL 34292
4) Change Add	TR	David Hodsen	2130 Saint Croix Ave FORT Meyers FL 33905
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or ac (attach additional s		Articles, enter change(s) here: v). (Be specific)	
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The date of each amendment date this document was signed	t(s) adoption: l.	August 1, 20	024				, if other than the
Effective date <u>if applicable</u> :	August 1, 20		00 / 5		· · ·		
			90 days after o				
<u>Note:</u> If the date inserted in the document's effective date on t	his block does the Departmen	not meet the it of State's re	applicable sta cords.	tutory filing i	requirements,	this date will not	be listed as the
Adoption of Amendment(s)	(CHECK ON	<u>(E</u>)				
■ The amendment(s) was/w	vere adopted b	y the membe	rs and the num	iber of votes	cast for the a	mendment(s)	

was/were sufficient for approval.

Dated	10/24/2024
Dated	
Signatur	= Inclin
	(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)
	Jason Rine
	(Typed or printed name of person signing)

(Title of person signing)