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| (Requestor's Name) | | | | | |
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| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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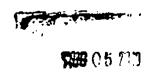
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COVER LETTER

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

| NAME OF CORPORATION: Law Enforcement | ent Against Destructive | Decisions, I | nc. | |
|--|--|--|--|------|
| DOCUMENT NUMBER: | | | | |
| The enclosed Articles of Amendment and fee are | submitted for filing. | | | |
| Please return all correspondence concerning this | matter to the following: | | | |
| Adam Rowe | | | | |
| | (Name of Contact | Person) | | |
| Grigaltchik & Galustov, P.A. | | | | |
| | (Firm/ Compa | iny) | | |
| 6144 Gazebo Park Place South, Stc. 103 | | | | |
| | (Address) | | , | |
| Jacksonville, Florida 32257 | | | | |
| | (City/ State and Zi | p Code) | | |
| adam@griglaw.com | | | | |
| E-mail address: (to be | used for future annual r | eport notific | eation) | |
| For further information concerning this matter, pl | ease call: | | | |
| Adam Rowe | | 904 at | 738-8398 | |
| (Name of Contact Po | | (Area Co | de) (Daytime Telephone Numb | oer) |
| Enclosed is a check for the following amount mad | de payable to the Florid | a Departmer | at of State: | |
| ■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta | ce & \$\subseteq\$\$43.75 Filing For atus Certified Copy (Additional copy enclosed) | y is C | 52.50 Filing Fee Certificate of Status Certified Copy Additional Copy is Enclosed) | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | I | Street Addr Amendment Division of C Clifton Build | Section Corporations | |

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Law Enforcement Against Destructive Decisions, Inc.

| ly filed with the Florida Dept. of Sta | <u>te</u>) |
|--|---------------------------|
| | |
| er of Corporation (if known) | |
| s, this <i>Florida Not For Profit Corpora</i> | tion adopts the following |
| on: | |
| | The new |
| ion" or "incorporated" or the abbrevi | ation "Corp." or "Inc." |
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| (City) | (Zip Code) |
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| utiar with and accept the obligations of | f the position. |
| | |
| nature of New Registered Agent, if ch | anging |
| | |

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>Mi</u> | hn Doc ike Jones Ily Smith | |
|-----------------------------------|--------------------|----------------------------------|----------------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | p | Nicely, Lynn W., Jr. | 6144 Gazebo Park Place South 103 |
| Add | | | Jacksonville, FL 32257 |
| x Remove | | | |
| 2) Change | t | Rowe, Adam | 6144 Gazebo Park Place SOuth 103 |
| Add | | | Jacksonville, FL 32257 |
| x Remove 3) Change | p | Ownes, Tommy J. | 6144 Gazebo Park Pläce South 103 |
| x Add | | | Jacksonville, Florida 32257 1 |
| Remove | | | |
| 4) Change | t | Perry, Robert M. | 6144 Gazebo Park Place South 103 |
| X Add | | | Jacksonville, FL 32257 |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

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| | | | July 22, 2019 | | | | | |
|-----|---|---------------------|---|--------------------------|----------------------|------------|-----------|-----------------|
| | e date of each amend this document was s | | | | | | , if | fother than the |
| | | July 23, 20 | 19 | | | | | |
| Eff | ective date <u>if applica</u> | | (no more than 90 day | vs after amendment fi | le date) | | | |
| | | | es not meet the applicate of State's records. | able statutory filing re | equirements, this da | te will no | ot be lis | sted as the |
| Ade | option of Amendmer | nt(s) | (CHECK ONE) | | | | | |
| | The amendment(s) was/were sufficient | | by the members and | the number of votes c | ast for the amendm | ent(s) | | |
| | There are no member adopted by the boar | | titled to vote on the a | mendment(s). The ar | mendment(s) was/w | ere | | |
| | Dated _ | July 22, 2019 | | | | | | |
| | Signature _ | <u>(ldi</u> | - (h | | | | | |
| | ŀ | have not been selec | r vice chairman of the cted, by an incorporat ted fiduciary by that f | tor - if in the hands o | | | | |
| | | Lynn W. Nicely | <i>,</i> | | | | | |
| | | | (Typed or pr | inted name of person | signing) | | | |
| | | President | | | | | 19 | |
| | | | (7. | Title of person signing | g) | | 儿 29 新 | |
| | | | | | | STAR: | 4H 10: 00 | |