N15000011874

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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11/15/17--01005--001 **10.00

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MIN NOV 13 AH ID 18

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Cloud	d Nine	Outdoor	Adventures	<u>I</u> NC,
DOCUMENT NUMBER:					 -
The enclosed Articles of Amendment and	fee are submitt	ed for filing.			
Please return all correspondence concerni	ng this matter to	the following:		7	5
JOVAN	RAND	DOLPH-M	SWEILL	•	- Tu
	(N	ame of Contact Per	son)		至
Clon	d Nin	e Outdo	por Advent	tures INC.	<u>ब</u> ्र
		(rink company)			
140	B DRU	111) ROAL	O EAST		
	 	(Address)			
CL EAR	WATER	ty/ State and Zip Co	33756		
	(Ci	ty/ State and Zip Co	ode)		
Tovan (2 E-mail address	CLOU (to be used for	ם און און פייס future annual repo	ロTDOのRS. (5RG	
For further information concerning this ma	itter, please call	l:			
Č	'				
JOVAN RANDULPI (Name of Co)	1-M5WE11	Lat	813-943-	6646	
(Name of Co	itact Person)	(.	Area Code) (Dayı	ime Telephone Number)	
Enclosed is a check for the following amo	unt made payab	le to the Florida De	partment of State:		
	e of Status (643.75 Filing Fee & Certified Copy Additional copy is enclosed)	Certificate of Certified Cop	Status y	
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	5	Ame Divis Clifte	et Address indment Section sion of Corporations on Building Executive Center C	ircle	

Taliahassee, FL 32301

Articles of Amendment Articles of Incorporation of

•	Articles of Amendment	
	to	4
	Articles of Incorporation of	ADVENTURES INC.
CLOUD	NINE OUTDOOR	ADVENTURES INC.
(Name of Corporation a	s currently filed with the Florid	la Dept. of State)
	000011874	
(Docume	ent Number of Corporation (if kno	own)
it to the provisions of section 617,1006. Florid ment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For	Profit Corporation adopts the following
mending name, enter the new name of the c	corporation:	
Cloup A	VINE OUTDOO	RS INC. The new
ust be distinguishable and contain the word ' any" or "Co," may not be used in the name.	"corporation" or "incorporated"	or the abbreviation "Corp." or "Inc."
er new principal office address, if applicable pal office address <u>MUST BE A STREET AD</u>		
ter new mailing address, if applicable: ailing address <u>MAY BE A POST OFFICE Bo</u>	<u>0X</u>)	
mending the registered agent and/or registored registered agent and/or the new registered Agent:		nter the name of the
mane of the stage		<u> </u>
- New Registered Office Address:	(Flor	ula street address)
-	(City)	, Florida (Zip Code)
		(sip cour)
egistered Agent's Signature, if changing Re v accept the appointment as registered agent.		ne obligations of the position.
	Signature of New Register	red 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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>ones</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change		_		-	
Add					
Remove				,	
2) Change		_			
Add					
Remove					
3)Change		_		-	
Add					
Remove					···
4) Change		_		-	
Add					
Remove					
5) Change					
Add		_		_	
Remove					
6) Change		_		_	· · · · · · · · · · · · · · · · · · ·
Add				_	
Remove					

attach additional sheets, if necessary)	(Be specific)	nge(s) here:			
				-	
	 				
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	 			<u> </u>	
		·			
					

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
<u> парысава</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will partment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad was/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s).)
There are no members or membadopted by the board of directo	pers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated	_11-8-17_ @	
Signature /	/ / / Zzz	
(By the chair have not bed	man or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	JOVAN RANDOLPH-MENEILL	
	(Typed or printed name of person signing)	
	Foundar & President (Title of person signing)	
	(Title of person signing)	