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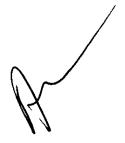


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JUN 0 1 2017: T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Track to Trail Inc
DOCUMENT NUMBER: N 160 0000 45 83
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
Track to Trail Inc (Firm/Company)
3847 2rd Aue SE (Address)
Naples, FL 34117 (City/State and Zip Code)
track to trail thorough reds 2 gma.1. (om E-mail address: (to be used for future animal report notification)
For further information concerning this matter, please call:
Cynthia Gilbert at 239 963 7296 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Street Address Amendment Section

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

(Name of Corporation as	currently filed with the Florida Dept. of State)
Track	- to Trail Inc
	t Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	prporation:
	N/A The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable	. NA
(Principal office address MUST BE A STREET ADD	DRESS)
	4.1
C. Enter new mailing address, if applicable:	NIP
(Mailing address MAY BE A POST OFFICE BO)	X)
D. If amending the registered agent and/or register	red office address in Florida, enter the name of the
new registered agent and/or the new registered	office address:
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	(Florida street address)
New Negistered Office Address.	
	, Florida (City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	ijstered Agent:
hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
•	N/9 [5]
	
	Signature of New Registered Agent, if changing
	F**() 4 4
	Page 1 of 4
	SH F

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)	Title	Name	Address
1) Change Add Remove	D	Sheryl Dorta	316184 St. NW Nades, FL 34120
2)Change	5_	Amy Poss	10145. Collier Blud
Remove 3) Change Add Remove			Marco Island FL 34145
4) Change Add Remove			
5) Change Add			
Remove 6) Change Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
NA				
<u> </u>				
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, <u>, , , , , , , , , , , , , , , , , , </u>				

	: date of each amendment(s) adop : this document was signed.	tion:	, if other than the
	ective date if applicable:	5/19/17	
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this block ument's effective date on the Depart	does not meet the applicable statutory filing requirements, the truent of State's records.	is date will not be listed as the
Ada	option of Amendment(s)	(CHECK ONE)	
Ø	The amendment(s) was/were adop was/were sufficient for approval.	ted by the members and the number of votes cast for the ame	ndment(s)
	There are no members or member adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) w	as/were
	Dated	5/19/17	
	Signature		
	have not been	on or vice chairman of the board, president or other officer-if selected, by an incorporator — if in the hands of a receiver, trustointed fiduciary by that fiduciary)	
		Cynthia Gilbert	
		(Typed or printed name of person signing)	
		President	
		(Title of person signing)	