

Articles of Amendment
to
Articles of Incorporation
of

FILED
2019-07-31 PM 4:29

(Name of Corporation as currently filed with the Florida Dept. of State)

LEVY COUNTY HORSE CLUB TRAILRIDERS, INC. Document Number: N16000007351

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

10451 NW 45th STREET

CHIEFLAND, FLORIDA

32626

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

PO BOX 2631

CHIEFLAND, FLORIDA

32644

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

CHERRI PREVATT

10451 NW 45th STREET

(Florida street address)

New Registered Office Address:

CHIEFLAND

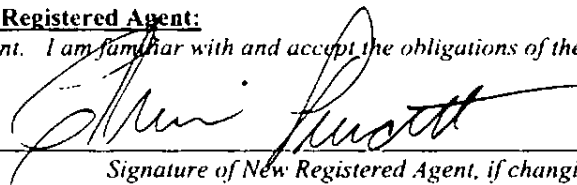
(City)

Florida 32626

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>DAVE WILSON</u>	<u>PO BOX 687</u> <u>OLD TOWN, FLORIDA</u> <u>32680</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>BONNIE WILSON</u>	<u>PO BOX 687</u> <u>OLD TOWN, FLORIDA</u> <u>32680</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>NANCY E. NIBERT</u>	<u>5950 NW 37th PLACE</u> <u>CHIEFLAND, FLORIDA</u> <u>32626</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>GREG McCANDLESS</u>	<u>13950 SW 77 Place</u> <u>CEDAR KEY, FLORIDA</u> <u>32625</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>LEWIS PREVATT</u>	<u>10451 NW 45th STREET</u> <u>CHIEFLAND, FLORIDA</u> <u>32626</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>CHERRI PREVATT</u>	<u>10451 NW 45th STREET</u> <u>CHIEFLAND, FLORIDA</u> <u>32626</u>

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

7) Change S KATHIE BEESON 7220 NW 60th STREET
 Add CHIEFLAND, FLORIDA
 Remove 32626

8) Change D LEONORA HALE 6891 NW 88th LANE
 Add CHIEFLAND, FLORIDA
 Remove 32626

9) Change D BENNIE THOMAS 6871 SW 2nd Lane
 Add BELL, FLORIDA
 Remove 32619

May 1, 2019

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

May 1, 2019

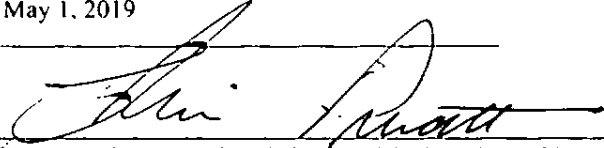
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated May 1, 2019 _____

Signature  _____

(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)

CHERRI PREVATT

(Typed or printed name of person signing)

TREASURER

(Title of person signing)