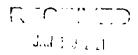
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to I	Filling Officer:	
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Office Use Only



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2021 JAN 19 PM 5: 16 SECRETARY OF STATE

3/2/21

COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: RIVEY'S Edge Networking DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (City/ State and Zip Code) mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ※S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section

Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

FILED

RIVER'S EDGE NETWORKING INC	2021 JAN 19 PM 5: 16
Name of Corporation as currently filed with the Florida I	Dept. of State)
N16000007994	SECRETARY OF STATE
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	The new tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	916 Fallbrooke Ave
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Deltong, 92 32725
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	916 Gallbrooke Ave
V	Deltona, 9L 32725
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent: Fra	incine Rope-Mundy
	916 Dallbrooke Ave
New Registered Office Address:	1 ioriuu sireet uuuressy
	Octoria 32725 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	
Than	Con L. Robot - Mundy anature of New Registered Agent if changing
Çi	anature at New Reastered Agent if cheficaina

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 D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change Add	<u>P</u>	Ellen Fagan	
× Remove			
2) Change Add	<u>T</u>	Michelle Boyea	3421 Falling Acorn Circle Lake Mary, FL 32746
x Remove 3) Change x Add Remove	<u>P</u>	Pam Hargis	3609 Canal Rd Edgewater, FL 32141
4) Change Add	<u>T</u>	Francine Rope-Mundy	916 Fallbrooke Ave Deltona, FL 32725
Remove 5) Change Add Remove			
6) Change Add			
Remove If amending or additional sheet	ets, if necessary).	icles, enter change(s) here: (Be specific)	
			

· 		*
N/A		
date of each amendment(s) adopti this document was signed. tive date <u>if applicable</u> :	n: (no more than 90 days after amendment	, if other than the

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

on of Amendment(s)

(CHECK ONE)

5 amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) 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 $1-14-2021$	
Signature Juniste Horry - 2021 President	
(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)	
Pamela HARGIS	
(Typed or printed name of person signing)	
President	
(Title of person signing)	