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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Latin American Motorcycle Association Kissimmee Ir
DOCUMENT NUMBER: N17000003280
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kimberly Perrelli (Name of Contact Person)
Latin American Motorcycle Association Kissimmee Inc. (Firmy Company)
1702 Kelly Ave. (Address)
Kissimmee, FL 34744 (City/State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kimberly Perrelli at 407-925-4040 (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 \$\sum \$\sum \text{\$\sum \text{\$\sin \text{\$\s
Mailing Address Street Address

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

17 May 22 ANTH: 31

	Article	s of Incorporation	Ment 1	المراجع المالية
A 1. A		of	T <u>≓</u> £	
Latin American Motorce (Name of Corporation)	<u>ycle</u>	Association	Kissimme	e Inc.
	<u>as currer</u>	niy ined with the Florida	Dept. or State)	
N17000003280				
(Docum	ent Numb	per of Corporation (if know	n)	
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	ida Statuti	es, this <i>Florida Not For Pi</i>	rofit Corporation ado	pts the following
A. If amending name, enter the new name of the	corporat	ion:		
A1/A				
name must be distinguishable and contain the word	"20090000	ution" Of "incorporated" o	n the abbreviation "C	The new
"Company" or "Co." may not be used in the name.		non oi incorporatea o	ine appreviation C	orp. or the.
B. Enter new principal office address, if applicab	ole:	N/A	·, · · · · · · · · · · · · · · · · · ·	
(Principal office address <u>MUST BE A STREET AD</u>	<u>)DRESS</u>)		
		• • • • • • • • • • • • • • • • • • • •		
C. Enter new mailing address, if applicable:		A / / A		
(Mailing address MAY BE A POST OFFICE B	(<u>XO</u>)	NA	· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or regist	ered offic	ce address in Florida, ent	er the name of the	
new registered agent and/or the new registere	d office a	nddress:		
Name of New Registered Agent:	Mich	nael Eugene	Chapm	an
	512	Cedar Beno	Cir An	+ 203
·			street address)	
New Registered Office Address:	- I	1		_
_	0-10	ando	, Florida <u> </u>	<u> 32825 </u>
		(City)	(Zip Co	de)
New Registered Agent's Signature, if changing Re	egistered	Agent:		
hereby accept the appointment as registered agent.	l am fai	miliar with and accept the	obligations of the pos	ition.
		<u></u>	つ	
		112		
	S	ignature 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: X Change X Remove X Add	<u>PT</u> John (<u>V</u> <u>Mike</u> , SV Sally (<u>lones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change Add Remove		Michael E. Chapman	512 Cedar Bend Cir. Apt 203 Orlando, FL 32825
2) X Change Add Remove	Vice Pre <u>siden</u> t	Antonio Vila	623 Jamestown Blvd. Apt 1230 Altamonte Springs, FL 32714
3) X Change Add Remove	Treasurer	Rafael Rogue Torres	3307 Amberley Park Cir. Kissimmee, FL 34743
4) Change Add Remove	Business manager	Kimberly Perrelli	347 Montgomery Ct Kissimmee, FL 34758
5) Change Add Remove	Secretary	Ivan Rivera	3526 Bermuda Way Lane Apt 1103 Kissimmee, FL 34741
6) Change Add Remove	Moto-Touring	Hector L Gonzalez	355 Poffer Ct. Kissimmee, FL 34759
		rdQE 2 01 4	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
Add - EIN#	82-0974197				

	e date of each amendment(s) adoption: May 12, 2017 e this document was signed.	, if other than the
Effe	ective date <u>if applicable</u> : May 18, 2017 (no more than 90 days after amendment file date)	
<u>Not</u> doci	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ument's effective date on the Department of State's records.	: be listed as the
Ado	option of Amendment(s) (CHECK ONE)	
Ħ	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 <u>5-18-17</u>	
	Signature Kimberly Cerrelli	
	(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)	
	Kimberly Perrell (Typed or printed name of person signing)	
	(Typed of printed hartie of person signifig)	
	Business Manager (Title of person signing)	