N18 00000 4806

(Requestor's Name)				
(Address)	600358992976			
(Address) (City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)	01/29/2101010001 **35			
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:	Birni			
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Office Use Only

**35.00

COVER LETTER

TO: Amendment Section Division of Corporations S FOR TRUMP INC NAME OF CORPORATION: 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) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ✓ \$35 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

enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy

(Additional Copy is Enclosed)

Articles of Amendment

Articles of Incorporation

AMERICANS FOR TRUMPING.
(Name of Corporation as currently filed with the Florida Dept. of State)
N18000004806
(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:
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: 4585 ISICAD Reef Drive (Principal office address MUST BE A STREET ADDRESS) Wellington FL 33449
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Wellington, FL 33449
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: 4585 Island Reef Drive (Florida street address)
New Registered Office Address: Wellington Florida 33449 (City) (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: X Change X Remove X Add	PT John D Y Mike J SV Sally S	ones	New orddiess
Type of Action (Check One)	<u>Title</u>	Name	New address
1) Change Add		·	4585 Island Reef Drive
Remove 2) Change Add		Carol Moroco >	Wellington, FL 33449 4585 Island Red Drive
Remove 3) Change Add Remove			Wellington, FL 33449
4) Change Add			
Remove			
5) Change Add			
Remove			
) Change Add			
Remove			
If amending or addi attach additional she		ticles, enter change(s) here: (Be specific)	

				
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: of each amendment(s) adoption to the description of the description	otion: 1-25-	202/		_, if other than
date <u>if applicable</u> :		fter amendment file date)		

Amendment(s) (CHECK ONE)

effective date on the Department of State's records.

ndment(s) was/were adopted by the members and the number of votes east for the amendment(s) sufficient for approval.

a date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

ď	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 $1-25-2021$
	Signature IIIII
	(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)
	Scott Newmark
	(Typed or printed name of person signing)
	President (Title of person signing)