## N1800000 7749

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## COVER LETTER

TO; Amendment Section Division of Corporations

NAME OF CORPORATION	Steel Sistas Motorcyc	de Riding Club Inc	<del> </del>			
DOCUMENT NUMBER:	N18000007749					
The enclosed Articles of Am	nendment and fee are subn	nitted for filing.				<del></del>
Please return all corresponde		_				
Stephanie Crenshaw						
		(Name of Contact Pe	mcan)		<del></del>	
Steel Sistas Motorcycle Clu		(Name of Contact Pe	rson)		MALLY APA	-11
		(Firm/ Company				
2154 Waseca Lane		, ,	,		ASSLE P	`T
<del></del>	<u>.</u> -	(Address)				
Leesburg, Florida 34748					TO SHOW	ı
		(City/ State and Zip (	Code)			
steelsistas2@gmail.com						
E	-mail address: (to be used	for future annual rep	ort notificatio	n)		_
For further information conc	erning this matter, please o	call:				
Toni Washington		at	407	770-7264		
	(Name of Contact Person)		(Area Code)	(Daytime Tel	ephone Number)	_
Enclosed is a check for the f	ollowing amount made pay	able to the Florida D	Department of	State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & [ Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)		
P.O. Box (	nt Section f Corporations	Am Div Clif	eet Address endment Sect ision of Corpo fron Building 1 Executive C	orations		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Steel Sistas Motorcycle Riding Club, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N18000007749 (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: Steel Sistas Motorcycle Club, Inc. 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. 2154 Waseca Lane B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS Leesburg, Florida 34748 U C. Enter new mailing address, if applicable: 2154 Waseca Lane (Mailing address MAY BE A POST OFFICE BOX) Leesburg, Florida 34748 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: (Florida street address) New Registered Office Address: , Florida (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, ar 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 John SV           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove Add Remove Add Remove Add Remove Add Add Add			EILED TO OR THE TORINA
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Arti- (attach additional sheets, if necessary).	(Be specific)	
/A		
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	e date of each amendment(s) adoption: te this document was signed.	05/01/2019	, if other than t
	03/01/2019 fective date <u>if applicable</u> :		
		no more than 90 days after amendment file date)	
	te: If the date inserted in this block does cument's effective date on the Departmen	not meet the applicable statutory filing requirements, this t of State's records.	date will not be listed as the
Add	loption of Amendment(s)	CHECK ONE)	
	The amendment(s) was/were adopted b was/were sufficient for approval.	y the members and the number of votes cast for the amend	lment(s)
	There are no members or members enti adopted by the board of directors.	tled to vote on the amendment(s). The amendment(s) was	/were
	Dated 03/22/2019		
	Signature S COM	Show	
	have not been select	vice chairman of the board, president or other officer-if di ted, by an incorporator – if in the hands of a receiver, trust ed fiduciary by that fiduciary)	
	Stephanie Crensl	naw	APA APA
		(Typed or printed name of person signing)	SSEE D D
	Vice President		
		(Title of person signing)	- No.