N1800000 7749

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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Steel Sistas Motorcycle Club, Inc.
DOCUMENT NUMBER: N 8000007749
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Toni Washington (Name of Contact Person)
Steel Sistas Motorcycle Club, Inc.
6109 Metro west Blud # 103
Orlando, FL 32835 (City/ State and Zip Code)
Steel Sistas 2 @ gmail, com E-mail address: (to be used for fluor annual report notification)
For further information concerning this matter, please call:
Ton: Washington at 407-270-7264 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

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

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

10

Articles of Incorporation

Steel Sistas Motorcycle	Club
(Name of Corporation as curren	tly filed with the Florida Dept, of State)
N 18000007749	
	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:
	The new
name must be distinguishable and contain the word "corpora "Company" or "Co," may not be used in the name	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	6109 Hetrowest Blud. # 103. Orlando. FC 32835
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6109 Hetrowest Blud. # 103
(man), man con (man) (man) (man)	Oxlando, FL 32835
D. If amending the registered agent and/or registered offi	ce address in Florida, enter the name of the
new registered agent and/or the new registered office a	iddress:
Name of New Registered Agent: 101	i Washington
<u>6109</u>	Metrowest - Klud, # 103 -
New Registered Office Address:	in to the section of
Drla	ando Florida 32835
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fa	miliar with and accept the obligations of the position.

Page 1 of 4

of New Registered Agent, if changing

address of each Officer (Attach additional sheet: Please note the officer/d P = President; V= Vice	and/or Director s, if necessary) irector title by th President: T= Ti = Chief Financia	r being added: e first letter of the office title: wasurer; S= Secretary; D= Director; TR= T al Officer, If an officer/director holds more t	rustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office
Changes should be noted a change, Mike Jones le Mike Jones, V as Remov	aves the corpora	tion, Sally Smith is named the V and S. These	e PST and Mike Jones is listed as the V. There i. e should be noted as John Doe, PT as a Change
Example: X Change X Remove X Add		Doe Jones Smith	19 0CT 2
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>P_</u>	Shantell Williams	2127 W. 25th Street Sanford, Florida 32771
X_Remove		,	
21 Change	<u></u>	Janene Waters	9257 Spider Lily Lam Jacksonville, Florida 35
Remove 3) Change Add	<u>UP</u>	Stephanie Crenshaw	2154 Waseca Lane Leesburg, Florida 347
X Remove 4) Change X Add	VPS	Toni Washington	6109 Metrowest Blud. #12 Cirlando, FL 32835
Remove Change Add	D	Barbara Hawk	2945 Egrets Landing Dr. Lake Mary; Florida 32746
X Remove 6) Change X Add	T	Barbara Hawk	2945 Egrets Landing Drive Lake Mary, Florida 3274
Remove		Page 2 of 4	

(Mtach additional sheets, if necessary). (Be specific)		
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	e date of each amendment(s) adoption: 08 18 2019 this document was signed.	it othe	r than
	ective date if applicable: 08 18 2019 no more than 90 days after amendment file date)	a.	<u> </u>
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nument's effective date on the Department of State's records.	not be listed :	as the
Ade	option of Amendment(s) (CHECK ONE)		
X	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 10-14-2019		
	Signature (By the chairman of 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)		
	Toni Washington (Typed or printed name of person signing)		
	Vice President		. 1
	(Title of person signing)	19 OCT 21 AMTH:	1175