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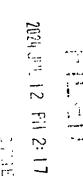
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COVER LETTER

TO: Amendment Section Division of Corporations

FRIENDS OF THE C NAME OF CORPORATION:	OMMODORE TRAIL, IN	IC.
N19000011342		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Mel Meinhardt		
((Name of Contact Person)	
	(Firm/ Company)	
3109 Grand Ave. #206		
	(Address)	
Coconut Grove, FL 33133		
	City/ State and Zip Code)	
mel@commodoretrail.us		
E-mail address: (to be used	for future annual report no	tilication)
For further information concerning this matter, please of	catl:	
Mel Meinhardt	212 at	470-4181
(Name of Contact Person)	(Area	Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida Depart	ment of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & [Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (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

Articles of Amendment to Articles of Incorporation of

FRIENDS OF THE COMMODORE TRAIL, INC.		
(Name of Corporation a		2500
N19000011342		2624 July 12 pm
(Document N	umber of Corporation (if kno	wn) - 1/2
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not For I</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
		The new
name must be distinguishable and contain the word "corp" (Company" or "Co." may not be used in the name.	poration" or "incorporated"	or the abbreviation "Corp." or "Inc."
	3069 Virginia Street, C	oconut Grove, FL 33133
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered	laffice address in Florida e	nter the name of the
new registered agent and/or the new registered off		mer me mane of the
Name of New Registered Agent:	Meinhardt	
 	Virginia Street	
		ida street address)
New Registered Office Address:	1	,
Cocc	onut Grove	, Florida 33133
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist	ered Agent:	
I hereby accept the appointment as registered agent. I a	m familiar with and accept th	e obligations of the position.
	mellme	liet 1
	Signature of New Register	ed Agent if changing

····	
<u> </u>	
	March 12, 2024
The date of each amendment(s) a	doption: March 12, 2024 , if other than
date this document was signed.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.

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adopted by the bo	pard of directors.
Dated	March 12, 2024
Signature	Millet
_	(By the chairman or vice chairman of the board, president or other officer-il directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Mel Meinhardt
	(Typed or printed name of person signing)
	Chairman and Director
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were