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-VISION OF CORPORATIONS

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Amend

JUN 1 9 2020

D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations	
EASTWARD RIDERS WS NAME OF CORPORATION:	
DOCUMENT NUMBER: 200343892032	
The enclosed Articles of Amendment and fee are submitted for f	īling.
Please return all correspondence concerning this matter to the fol	Howing:
WALKER IZQUIERDO	
(Name of	Contact Person)
EASTWARD RIDERS WS	
(Firm)	(Company)
2241 Portofino Ave	
(A	(ddress)
Homestead, FL 33033	
(City/ Stat	e and Zip Code)
eastward.riders@gmail.com	
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	
WALKER IZQUIERDO	305 775-50 8 9
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
inclosed is a check for the following amount made payable to the	ne Florida Department of State:
Certificate of Status Certified	onal copy is Certified Copy
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 Articles of Incorporation of

•	Articles of Amendment	4.50 **
	to	`,
ř	Articles of Incorporation of	
EASTWARD RIDERS WS Two		
Name of Corporation as currently filed with the Flo	orida Dept. of State)	
7.62 0000045 N3000000 US	, J	
	Number of Corporation (if kr	nown)
Pursuant to the provisions of section 617.1006, Florida mendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "c Company" or "Co." may not be used in the name.	orporation" or "incorporatea	l" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>		
S. Francisco de la contraction del contraction de la contraction d		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X</u>)	
		
If amending the registered agent and/or register new registered agent and/or the new registered		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(F)	orida street address)
		, Florida
	(City)	(Zip Code)
Registered Agent's Signature, if changing Reg		the obligations of the position.
	istered Agent:	

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 V Mike John SV SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	Mr.	Daniel Krings	15061 SW 9th Way Miami, FL 33194
Remove			
2) Change Add			
Remove Change Add Remove			
Change Add			
Remove			
Change Add			
Remove			
Change Add			
Remove			
amending or addi	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	
-			

ve date <u>if applicable</u> : (no more than 90 days after amendment	tile data)
is document was signed.	, if other than

f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.

n of Amendment(s) (CHECK ONE)

amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) /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

Signature

(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)

WALKER IZQUIERDO

(Typed or printed name of person signing)

PRESIDENT

May 18, 2020

(Title of person signing)