N20000007533

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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

National Survivalist Associateion, Inc. NAME OF CORPORATION: N20000007533 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: Celestia Dolive-Powell (Name of Contact Person) GTL Management, Inc. (Firm/ Company) 301 W. First Street (Address) Sanford, FL 32771 (City/ State and Zip Code) gtlmgmt51@outlook.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 402-3840 Celestia Dolive-Powell (Daytime Telephone Number) (Area Code) (Name of Contact Person) 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 Certified Copy (Additional Copy is enclosed) Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

National Survivalist Association, Inc.		
(Name of Corporation as currently filed with the Flor	rida Dept. of State)	
N20000007533		<u></u>
(Document N	Number of Corporation (if)	mown)
Pursuant to the provisions of section 617,1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:	
Survival Alliance Association, Inc.		The new
name must be distinguishable and contain the word "con" "Company" or "Co." may not be used in the name.	rporation" or "incorporate	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)	
		571
		
C. Enter new mailing address, if applicable:	•	72
(Mailing address MAY BE A POST OFFICE BOX	/ _	
		PH -:-
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		نبــَــ a, enter the name of the
Name of New Registered Agent:		<u> </u>
Non-Resistance Office Address	- 0	Florida street address)
New Registered Office Address:		
	area -	, Florida (Zip Code)
	(City)	izip coaei
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. It		t the obligations of the position.
	Signature of New Regis	stered 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	<u>v</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change Add	VP	Mark Alspin	317 E. Crystal Drive Sanford, FL 32773
Remove			
2) X Change Add	VP	Joseph Hirsch	239 N. Mount Bay Ct. Longwood, FL 32779
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
			
6) Change Add			
Remove			
		nal Articles, enter change(s) here: sary). (Be specific)	
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The date of each amendment date this document was signed	t(s) adoption: August 19,	2020		, if other than the
Effective date if applicable:	08/01/2020			
	(no more than	90 days after amendmen	t file date)	
Note: If the date inserted in the document's effective date on t	nis block does not meet the he Department of State's r	applicable statutory filinecords.	ig requirements, this date wi	Il not be listed as the

(CHECK ONE)

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

Adoption of Amendment(s)

08/19/20 Dated	020
Dated	
Signature	Celostro Doline - Powell
	hairman or vice chairman of the board, president or other officer-if directors
	t been selected, by an incorporator – if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary)
oner co	are appointed reductary by that reductary,
Celes	stia Dolive-Powell
	(Typed or printed name of person signing)

(Title of person signing)