# N20 000009560

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ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SR DRESSAGE FOUNDANAME OF CORPORATION:	ATION, INC.
N20000009560	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted	for filing.
Please return all correspondence concerning this matter to the	he following:
Sarah S. Rama, Esq., LL.M.	
(Nam	ne of Contact Person)
	Firm/ Company)
15340 98th Trail North	
	(Address)
Jupiter, FL 33478	
(City/	/ State and Zip Code)
sr@ramalaweu.com	
E-mail address: (to be used for fe	uture annual report notification)
For further information concerning this matter, please call:	
Sarah S. Rama, Esq., LL.M.	561 612-9788
(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:
(Ad	3.75 Filing Fee &   iffied Copy  Iditional copy is closed)  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 Articles of Incorporation οf

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A	rticles of Amendment to	
Ar	ticles of Incorporation	· · · · · · · · · · · · · · · · · · ·
	of	
R DRESSAGE FOUNDATION, INC.		
ame of Corporation as currently filed with the Flor	ide Dant of State)	
20000009560	ida Dept. 01 State)	
(Document N	Sumber of Corporation (if know	n)
arsuant to the provisions of section 617.1006. Florida S nendment(s) to its Articles of Incorporation:	tatutes, this Florida Not For Pi	rofit Corporation adopts the following
If amending name, enter the new name of the corp	oration:	
Rama Dressage Foundation, Inc.		The new
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDR.  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered new registered agent and/or the new registered off	l office address in Florida, ent	er the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida	o street (uldress)
<u> такия ода</u> ,		
		, Florida (Zip Coder
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Regist	ared Agent:	
hereby accept the appointment as registered agent. I a	m 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, 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	D/COO	MICHAEL AMBROSE	594 Rambling Drive Circle Wellington, FL 33414
Remove			
2) Change Add			
Remove 3 ) Remove     Add     Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
б) Change Add			
Remove			
E. If amending or addin (attach additional sheet		nal Articles, enter change(s) here: ssary). (Be specific)	
	-		

	<del></del>
The date of each amendment(s) adoption: ate this document was signed.	if other than the
ffective date if applicable: 12/3/2020  (no more than 90 days after amendment)	

<u>>te:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records.

option of Amendment(s)

(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.

There are no men adopted by the be	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.
Dated	12/03/202
Signatur	(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) Sarah S. Rama
	(Typed or printed name of person signing)
	President
	(Title of person signing)