N21000004046

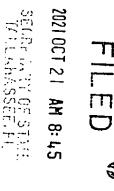
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION	WARRIOR'S REST	ORATION, INC.	•			
DOCUMENT NUMBER:	N21000004046					
DOCUMENT NUMBER:			<u>-</u>	_		
The enclosed Articles of Ameri	idment and fee are sub	mitted for filing.				
Please return all correspondence	e concerning this matt	ter to the following	g:			
Barry Walker						
		(Name of Contac	t Person	1)		
Warrior's Restoration, Inc.						
		(Firm/ Comp	pany)		-	
370 W Horseshoe Rd.						
		(Address	s)	-		
Tallahassee, FL 32317						
		(City/ State and 2	Zip Code	:)		
warriorsrestorationbarry@gma	il.com					
E-m	ail address: (to be used	d for future annua	report r	notification	n)	
For further information concern	ning this matter, please	call:				
Barry Walker			850 at	ı	404-2099	
(N	ame of Contact Person	<u> </u>		ea Code)	(Daytime Telephone	Number)
Enclosed is a check for the following	owing amount made p	ayable to the Flori	da Depa	rtment of !	State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional copenclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	

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

Name of Corporation as currently filed with the Florida WARRIOR'S RESTORATION, INC.,		
(Document Num	mber of Corporation (if known)	_
Pursuant to the provisions of section 617.1006. Florida Statumendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the following	ıg
A. If amending name, enter the new name of the corpor	ration:	
n/a	The nev	н
name must be distinguishable and contain the word "corpo 'Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc."	,
B. Enter new principal office address, if applicable:	n/a	
Principal office address MUST BE A STREET ADDRES	(22)	_
		_
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· n/a	
(mailing duaress MAT DE AT OUT OF THEE BOX)		-
	<u> </u>	•
	第6.2	ſ
	office address in Florida, enter the name of the	- [
D. If amending the registered agent and/or registered o	mice address in Florida, enter the name of the	₹
new registered agent and/or the new registered office	e address:	
Name of New Registered Agent:		_
	(Florida street address)	-
New Registered Office Address:		
	, Florida	
-	(City) (Zip Code)	_
Non-Book and America Street of the Control of the		
New Registered Agent's Signature, if changing Registers I hereby accept the appointment as registered agent. I am		
Tuni	jamma: and accept the vongations 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: $\frac{X}{X}$ Change $\frac{X}{X}$ Remove $\frac{X}{X}$ Add	PT John E V Mike J SV Sally S	<u>lones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) <u>* </u>	b	Alan D. Autry	1520 Woodgate Way Tallahassee, FL 32308
Remove			
2) Change Add	<u>T</u>	Tammy Brannon	49 Spanish Moss Lane Crawfordville, FL 32327
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Arti ts, if necessary).	icles, enter change(s) here: (Be specific)	
Add Article IX to read:			
Upon dissolution of the or	ganization, assest	s shall be distrubuted for one or more exemp	t purposes
within the meaning of Sec	tion 501(c)(3) of t	the Internal Revenue Code, or corresponding	section
of any future federal tax co	ode, or shall be di	stributed to the federal government, or to a st	ate or

local government, for a public	purpose.					
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		<u>.</u>				
		10/18/2021				
The date of each amendment date this document was signed						, if other than the
Effective date <u>if applicable</u> :	10/18/2021					
	(n	o more than 90 days	after amendmet	nt file date)		
Note: If the date inserted in the document's effective date on t	nis block does i he Department	not meet the applica t of State's records.	ble statutory fili	ng requireme	ents, this date will not	be listed as the
Adoption of Amendment(s)	(9	CHECK ONE)				
☐ The amendment(s) was/w		y the members and t	he number of vo	tes cast for th	ne amendment(s)	

	10/10/2021
Dated	10/18/2021
Signature	Alan D Auton
•	By the chairman or vice chairman of the board, president or other officer-if directors
	have not been selected, by an incorporator f if in the hands of a receiver, trustee, or other court appointed fiduciary by that figuriary)
	other court appointed redictary by mac redictary)
	Alan D. Autry
	(Typed or printed name of person signing)
	President, Warrior's Restoration, Inc.