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## **COVER LETTER**

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

REEL ADVENTAGE OF CORPORATION:	FURES KAYAK FISHING	ASSOCIAT	TON INC
N22000022006 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this r	natter to the following:		
VIKTOREA MARTINEZ			
	(Name of Contact Pers	on)	
NON PROFIT ACCOUNTING SERVICE			
	(Firm/ Company)		
P.O. BOX 3			
	(Address)		
COLUMBIA, CA 95310			
	(City/ State and Zip Co	ide)	
viktorea@nonprofitaccountingservice.org			
E-mail address: (to be	used for future annual repor	rt notificatio	n)
For further information concerning this matter, pl	ease call:		
VIKTOREA MARTINEZ	at	209	728-7846
(Name of Contact Pe	rson) (.	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount mad	de payable to the Florida De	partment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State		Certit Certit	0 Filing Fee leate of Status led Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ame Divis	et Address ndment Sect sion of Corp Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

REEL ADVENTURES KAYAK FISHING ASSOCIATION, INC

2023 DEC 15 AM 9: 07

Name of Corporation as currently filed with the Flori	ida Dept. of State)	
N22000011006		· · · · · · · · · · · · · · · · · · ·
(Document N	umber of Corporation (if know	νn)
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For I	Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
RAKFISHING ASSOCIATION INC.		The new
name must he distinguishable and contain the word "corp" "Company" or "Co." may not he used in the name.	noration" or "incorporated" (	or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRI</u>	ESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Flori	da street address)
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	ered Agent: in familiar with and accept th	e obligations of the position.
	Signature of New Registers	ed Agent it 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	$\overline{\underline{V}}$ $\underline{\underline{N}}$	ohn Doe tike Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change Add			
Remove			
2) Change Add			
Remove 3 ) Change Add Remove		·	
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee	ng addition ets, if necess	al Articles, enter change(s) here: ary). (Be specific)	
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The date of each amendment date this document was signed.	(s) adoption: _	11/15/2023					, if other than the
	11/15/2023						
Effective date if applicable:	(no	more than 9	0 days after	umendment	file date)	<u> </u>	
Note: If the date inserted in th document's effective date on the	is block does n he Department	of meet the a of State's rec	pplicable sta ords.	itutory filing	requirements	s, this date will i	not be listed as the
Adoption of Amendment(s)	( <u>C</u>	CHECK ON	≦)				
☐ The amendment(s) was/w was/were sufficient for ap	ere adopted by oproval.	the members	and the nur	nber of vote	s cast for the	amendment(s)	

• • • •

3	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 11/15/2023
	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)
	CYRUS DOOLEY
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)