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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Surf.	Brigade Inc.	
DOCUMENT NUMBER: N 23 00000	7326	
The enclosed Articles of Amendment and fee are submit	ted for filing.	
Please return all correspondence concerning this matter t	o the following:	
Kevin Laliberte-		
()	lame of Contact Person)	
Surf Brigade Inc.		
	(Firm/ Company)	
74 Pine Lake Drive		
	(Address)	
Santa Rosa Beach, FL 329	1 59	. 25
(C	ity/ State and Zip Code)	
v · 1 0 5 01 · 1- 50 · ·		3 3
Kevin L @ Surf brigade. com E-mail address: (to be used fo	r future annual report notification) J i
For further information concerning this matter, please ca		.:
Kevin Laliberte	at 706 -	536-3 <u>3</u> 79. <u>-</u>
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made paya	ble to the Florida Department of	State:
	Certified Copy Certifi (Additional copy is Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Secti Division of Corpo	
P.O. Box 6327	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SULT BLIGAGE MC.			
(Name of Corporation as currently filed with the Florida	Dept. of State)		
(Document Num	ber of Corporation (if kn	own)	
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the fo	ollowing
A. If amending name, enter the new name of the corpora	tion:		
Surf Brigade Foundation inc	•	7	The new
surf Brigade Foundation INC name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporated	" or the abbreviation "Corp." or	"Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u> </u>		
	-		
			Ž.
C. Enter new mailing address, if applicable:			ر. در)
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	- سند- ۱ ر
		<u>'.</u>	
D. If amending the registered agent and/or registered of	ice address in Florida.	enter the name of the	/ 1 i
new registered agent and/or the new registered office	address:		
Name of New Registered Agent:	.		
		orida street address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f		the obligations of the position.	
	 Signature of New Registe	red 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	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			٠ ج
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	
			
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The date of each amendment(s) adoptote this document was signed.	otion:	, if other than the
Effective date if applicable:		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not rument of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop was/were sufficient for approval.	oted by the members and the number of votes cast for the amendment(s)	

X)	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 10/10/2024
	Signature Lu Malao
	(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)
	Kevin Laliberte
	(Typed or printed name of person signing)
	Executive Director

(Title of person signing)