# N23000012292

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
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(Do	ocument Number)
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#### **COVER LETTER**

TO: Amendment Section Division of Corporations HIGH TAILIN' OUTDOORS INC. NAME OF CORPORATION: N23000012292 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KETTH GRIVOIS (Name of Contact Person) (Firm/ Company) 122 WISTERIA ROAD (Address) SAINT AUGUSTINE, FL 32086 (City/ State and Zip Code) KEITH.GRIVOIS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KEITH GRIVOIS 479-1582 207 (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: \$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status Certified Copy \$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed)

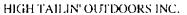
#### **Mailing Address**

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 of



(Document Number of Corporation (if known)  ursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following mendment(s) to its Articles of Incorporation:  . If amending name, enter the new name of the corporation:  I/A  The new ame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."  Company" or "Co." may not be used in the name.  Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )					· · · · · · · · · · · · · · · · · · ·
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Enter new principal office address MUST BE A STREET ADDRESS    Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:    NA			ation" or "incorporate	ed" or the abbrev	iation "Corp." or "Inc."
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new registered agent and/or the new registered office address:    Name of New Registered Agent:   N/A					
N/A    Name of New Registered Agent:   N/A				a, enter the name	e of the
New Registered Office Address:  N/A  (City)  (Zip Code)  [ew Registered Agent's Signature, if changing Registered Agent:			autress.		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:  N/A  (City)  (Zip Code)  [ew Registered Agent's Signature, if changing Registered Agent:					
(City) (Zip Code)  wew Registered Agent's Signature, if changing Registered Agent:	New Registered Office Address:		(	Florida street address	9)
(City) (Zip Code)  [ew Registered Agent's Signature, if changing Registered Agent:		N/A			Florida
			(City)		(Zip Code)
	iew Registered Agent's Signature, if changing F	<u>legist</u> ere	d Agent:		
				ot the obligations	of the position,
			Signature of New Regi.	stered Agent, if ch	nanging

## 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:

 $P = President; V \neq Vice President; T \neq Treasurer; S \neq Secretary; D \neq Director; TR = Trustee; C \neq Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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 V SV	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
L) Change Add		N/A		
Remove				
2) Change Add		<u>N/A</u>		
Remove 3 ) Remove     Add     Remove		N/A		
4) Change Add		N/A		
Remove  5) Change Add		N/A		
Remove 6) Change Add		N/A		
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
Amend to add the followi	ng to the	purpose clause		
The organization, HIGH	FAILIN'	OUTDOORS INC. is organized exclusively for e	haritable, religious, educational,	
and scientific purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.				
Tutoro recera an evac.				

Upon the dissolution of this organization, HIGH TAILIN OUTDOORS INC, asset	s shall be distributed for one or more	
exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section		
of any future federal tax code, or shall be distributed to the federal government, or	to a state or local government, for a public	
purpose.		
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The date of each amendment(s) adoption:	, if other than	
Effective date if applicable:		
Effective date if applicable:  (no more than 90 days after amendment)	file date)	

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

(CHECK ONE)

document's effective date on the Department of State's records.

Adoption of Amendment(s)

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					
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)					
KEITH JAMES GRIVOIS					
(Typed or printed name of person signing)					
PRESIDENT					
(Title of person signing)					

## COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: HIGH TA	ILIN' OUTDOORS INC.
DOCUMENT NUMBER: N23000012292	
The enclosed Articles of Amendment and feet Please return all correspondence concerning to KEITH GRIVOIS	e are submitted for filing.  his matter to the following:
	(Name of Contact Person)
122 WISTERIA ROAD	(Firm/ Company)
SAINT AUGUSTINE, FL 32086	(Address)
KEITH.GRIVOIS@GMAIL.COM  E-mail address: (to be in	(City/ State and Zip Code)
For further information concerning this matter, plea KEITH GRIVOIS	sed for future annual report notification) use call:
(Name of Contact Personal Contact Person	(Area Code) (Daytime Teleph