07/28/2013 21:21

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Florida Department of State

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Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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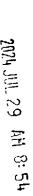
## COR AMND/RESTATE/CORRECT OR O/D RESIGN RISS SKY ECUESTRE FAMILIA USA,INC

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Corporate Filing Menu

Help



## Articles of Amendment

Articles of Incorporation

| PISCLOV                                                                                                | ( 601                                         | alon F                |                          | )0 A                      |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------|--------------------------|---------------------------|
| (Name of Corporation as currently filed with the                                                       | o coe                                         | stre to               | amilia C                 | NH                        |
| N 211000                                                                                               | Neigrida Dept. of State                       | )<br>7                |                          |                           |
| 172900                                                                                                 | 200585                                        | <u>&gt;</u>           |                          | :<br>                     |
| •                                                                                                      | ent Number of Corporat                        |                       |                          | ,.                        |
| Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:     | rida Statutes, this <i>Florida</i>            | Not For Profit Co     | rporation adopts the     | followin                  |
| A. If amending name, enter the new name of the                                                         | Cornoration                                   |                       |                          |                           |
|                                                                                                        | em porarion.                                  |                       |                          |                           |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the            | "corporation" or "inco                        | rnorated" or the ab   | hraviation "Com"         | _The new                  |
| "Company" or "Co." may not be used in the name                                                         |                                               | portained or the app  | огеницун Согр. о         | or Inc.                   |
| B. Enter new principal office address, if applicat                                                     | nle:                                          |                       |                          |                           |
| (Principal office address MUST BE A STREET A                                                           | DDRESS)                                       |                       |                          |                           |
|                                                                                                        | · <u>· · · · · · · · · · · · · · · · · · </u> | <del>-</del>          | <del></del>              |                           |
| 1                                                                                                      |                                               |                       | -                        | 207                       |
| C. Enter new mailing address, if applicable:                                                           |                                               |                       |                          | <u>)</u>                  |
| (Mailing address MAY BE A POST OFFICE H                                                                | 10X)                                          |                       |                          | =                         |
|                                                                                                        |                                               | , ,                   | ÷.                       | <del>_;ல</del> :∸<br>ம்.; |
|                                                                                                        |                                               |                       |                          | -                         |
|                                                                                                        |                                               |                       |                          |                           |
| D. If amending the registered agent and/or regist                                                      | ered office address in F                      | larida anton the m    |                          | 9 84 8:5                  |
| new registered agent and/or the new registere                                                          | d office address:                             | iorida, enter que m   | ame of the               | Ŧ.                        |
| Name of New Registered Agent:                                                                          |                                               |                       |                          |                           |
|                                                                                                        |                                               |                       | <del></del>              |                           |
| -                                                                                                      | <del></del>                                   | <i>(T)</i>            | <del></del>              |                           |
| New Registered Office Address:                                                                         |                                               | (Florida street add   | ress)                    |                           |
|                                                                                                        |                                               |                       | <b>-</b>                 |                           |
| -                                                                                                      | (City)                                        |                       | _, Florida<br>(Zip Code) | <u> </u>                  |
| low Poristored Agent's Signature is here.                                                              |                                               |                       | (2) 0010)                |                           |
| lew Registered Agent's Signature, if changing Re<br>hereby accept the appointment as registered agent. | <u>Pistered Agent:</u> I am familiar with and | accept the obligation | es of the position       | :                         |
|                                                                                                        |                                               | accept the oldingano. | ns of the position.      | Ŷ                         |
|                                                                                                        |                                               |                       |                          | A STATE OF STATE          |
|                                                                                                        | Signature of New                              | Registered Agent, if  | Changing                 |                           |
|                                                                                                        | e Person                                      |                       |                          |                           |
|                                                                                                        | April 1                                       |                       |                          |                           |
|                                                                                                        | er de de                                      |                       |                          |                           |
|                                                                                                        | •                                             |                       |                          |                           |
|                                                                                                        |                                               |                       |                          |                           |

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 Y. 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.

| Mike Jones, V as Remo                          | ive, and Sally Sm                           | ith, SV as an A              | 4dd.                                  |                      | in Doe, 11 us a Change,               |
|------------------------------------------------|---------------------------------------------|------------------------------|---------------------------------------|----------------------|---------------------------------------|
| Example: X Change X Remove X Add               | <u>PT</u> <u>Joh</u><br><u>V</u> <u>Mik</u> | n Doe<br>te Jones<br>y Smith |                                       |                      | · · · · · · · · · · · · · · · · · · · |
| Type of Action (Check One)                     | <u>Title</u>                                | <u>Name</u>                  | :                                     | <u>Addres</u> s      |                                       |
| 1) Change Add                                  | S, VP                                       | WIL                          | LIAMC                                 | Del VALLE            |                                       |
| 2) Change Add                                  | <del></del>                                 | <del>-</del>                 |                                       | 531 East<br>WideaH 7 | 26TH STREET<br>FL 32013               |
| Remove 3) Change Add Remove                    |                                             |                              | :<br>                                 |                      |                                       |
| 4) Change Add                                  |                                             | <del></del>                  | ·                                     |                      | <u> </u>                              |
| Remove  5) Change Add                          |                                             |                              | ;<br>                                 |                      |                                       |
| Remove 6) Change Add                           | •••                                         |                              |                                       |                      | · · · · · · · · · · · · · · · · · · · |
| Remove                                         |                                             |                              | ٠                                     |                      | <u> </u>                              |
| E. If amending or add<br>(auach additional she | ing additional A<br>tets, if necessary)     | rticles, enter (Be specifi   | change(s) here:                       |                      | ·<br>:                                |
|                                                |                                             | <del></del>                  | · · · · · · · · · · · · · · · · · · · |                      | ·<br>                                 |
|                                                |                                             |                              |                                       |                      |                                       |

| 07/28/2013  | 21::21      | 3052201440                             | LAZARUS CORPORATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PAGE                                         | 04/05   |
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| The date of each amendment(s) adoption: |                                                | , if other than the      |
|-----------------------------------------|------------------------------------------------|--------------------------|
| date this document was signed.          |                                                | , 17 011101 111111 11111 |
| Effective date if applicable:           |                                                |                          |
| (n                                      | o more than 90 days after amendment file date) |                          |

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Adoption 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 members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dated 7/29/24                                                                                                                                                                                                                      |
| Signature 2 remarks                                                                                                                                                                                                                |
| (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) |
| Jeannelle M RISS  (Typed or printed name of person signing)                                                                                                                                                                        |
|                                                                                                                                                                                                                                    |
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2024 JUL 29 AM 8: 55