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#### **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Capital City Rowing, Inc.
DOCUMENT NUMBER: N5/0 64
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer Portero, President (Name of Contact Person)
(Name of Contact Person)
Capital City Rowing
(Pitily Company)
1400 Village Blud. #3-310 Fattation F137317
(Address)
Tallahassee, FL, 32312 (City/State and Zip Code)
(City/ State and Zip Code)
President @ Capital City rowing OCY E-mail address: (to be used for future annual report notification)
$\checkmark$
For further information concerning this matter, please call:
Lee K 155e 1 at $\sqrt{850}$ 54 4 - 1339 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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:
\$\frac{1}{2}\$
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

#### Articles of Amendment

to

Article	es of Incorp	oration			
Catalatio	of	<del></del> -			
(Name of Corporation as curre	ung,	+nc			
	ntly filed w	ith the Florida	a Dept. of State)		
N51064					
(Document Num	ber of Corpo	oration (if know	vn)		
ursuant to the provisions of section 617.1006, Florida Statut mendment(s) to its Articles of Incorporation:	tes, this <i>Flor</i>	rida Not For F	Profit Corporation add	pts the fol	lowing
. If amending name, enter the new name of the corporate	tion:				
				77	he new
ame must be distinguishable and contain the word "corpord Company" or "Co." may not be used in the name.	xtion" or "i	ncorporated" (	or the abbreviation "C	Corp." or	Inc."
. Enter new principal office address, if applicable:					
Principal office address <u>MUST BE A STREET ADDRESS</u>	()				
. Enter new mailing address, if applicable:				 	26
(Mailing address MAY BE A POST OFFICE BOX)					40N 6107
				图	2
				<u> </u>	18
			<del></del>	<u> </u>	
. If amending the registered agent and/or registered offi	ice address	<u>in Florida, en</u>	ter the name of the		P 34
new registered agent and/or the new registered office:	<u>address:</u>			82	Ç,
Name of New Registered Agent:				0,71	9
<del></del>			la street address)		
New Registered Office Address:					
			, Florida		
	(City)		(Zip Co	de)	
ew Registered Agent's Signature, if changing Registered	l Agent:				
		and accept the	e obligations of the po	sition.	
lew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa		and accept the	obligations of the po	sition.	

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: X Change X Remove X Add	PT         John D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	1	Lee Kissell	Tallahassee, FL32312
Remove			
2) Change Add		Jennie Bram	1400 Village Blud. #3-310 Tallahussee, FL32312
Remove 3 ) Change Add	<u> </u>	Stephanie Birtman	Tallahassee, FL 32312
Remove  4) Change Add	<u> </u>	Vacant	1400 Village Blud. #3-310 Tallahassee, FL32312
Remove Change Add	<u>\</u>	Windy Taylor	1400 Village BIVd. #3-310 Tallahassec, FC 32312
Remove 6) Change X_ Add	<u>\</u>	Susan Bradley	1400 Village Blud. #3-310 Tallahasser, FL32312
Remove		D 2 -5 4	

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
	<del></del>
-	
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-	<del></del>

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amer was/were sufficient for approval.	ndment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.	as/were
Dated 11/14/19	
Signature All MASIL	
(By the chairman or vice chairman of the board, president or other officer-if chave not been selected, by an incorporator – if in the hands of a receiver, tru other court appointed fiduciary by that fiduciary)	
Lee Kissell	
(Typed or printed name of person signing)	
Treasurer	
(Title of person signing)	