N94000006244

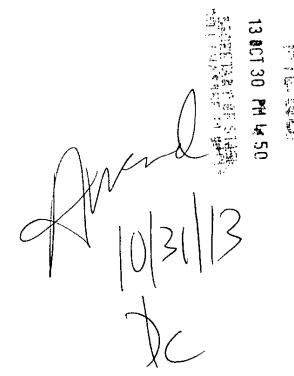
(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



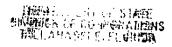
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October 17, 2013

MICHAELE M. HARRIS OCALA MOUNTAIN BIKE ASSOCIATION, INCORP P. O. BOX 2558 BELLEVIEW, FL 34421

SUBJECT: OCALA MOUNTAIN BIKE ASSOCIATION, INCORPORATED Ref. Number: N94000006244

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist II

Letter Number: 913A00024315

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Ocala Mour	ntain Bike Asso	ociation, Incorporated
DOCUMENT NUMBER: N9400006	244	
The enclosed Articles of Amendment and fee are sub-	nitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Michele M Harris		
	(Name of Contact Persor	1)
Ocala Mountain Bike As	sociation, In	corporated
	(Firm/ Company)	
PO Box 2558		
	(Address)	
Belleview, FL 34421		
	(City/ State and Zip Code	e)
micheleharris@cf	l.rr.com	
E-mail address: (to be used	I for future annual report i	notification)
For further information concerning this matter, please	call:	
Michele M Harris	_{at} 352	266-5689
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation

Ocala Mountain Bike Association, Incorporated

(Name of Corporation as currently filed with the Florida Dept. of State)

N94000006244

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

•				: 11
A. If amending name, enter the new nan	ne of the corporati	on:		a.
n/a				
	.1 7.11	. P. W	A 11 () () ()	The
name must be distinguishable and contain . <mark>Company" or "Co." may not be used in t</mark>	•	tion or incorporated (or the abbreviation "Corp.	or "In
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	applicable:	n/a		
	REET ADDRESS)	n/a		
		n/a		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		n/a		
		n/a		
		n/a		
D. If amending the registered agent and new registered agent and/or the new			ter the name of the	
Name of New Registered Agent:	n/a			
	n/a			
		(Florida street address)	· · · · · · · · · · · · · · · · · · ·	
<u>New Registered Office Address:</u>				
	n/a		, _{Florida} n/a	
	(City)		(Zip Coo	le)
New Registered Agent's Signature, if chall hereby accept the appointment as register			obligations of the position.	
	Signature of New	Registered Agent, if chan	ging	

Page 1 of 4

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	<u>V</u> <u>Mik</u>	<u>1 Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>D</u>	Travis M Warner	2542 Nw 52nd Ave
Add			Gainesville, FL 32605
X Remove			
2) Change	D	Taylor J Hughes	2529 Se 27th Street
X_Add			Ocala, FL 34471
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change		•	
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
•	
- 10 Marie 1	-
<u> </u>	
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The date of each amendment(s) adoption: 09/06/2013	, if other than the
date this document was signed.	in other than the
Effective date if applicable: 09/06/2013	
(no more than 90 days after amendment file date)	
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 10-2.20/3	
Signature Michigan or vice chairman of the board, president or other officer if directors	
(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)	
MICHELE M. HARRIS	
(Typed or printed name of person signing)	
TREASURER	
(Title of person signing)	