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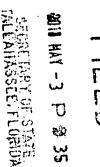
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SKYDIVE SOUTH	IWEST FLORIDA, INC.				
DOCUMENT NUMI	BER:		· · · · · · · · · · · · · · · · · · ·			
	of Amendment and fee are sub	omitted for filing.				
Please return all corres	spondence concerning this mat	ter to the following:				
	Robert L. Feldman, Esq.					
		Name of Contact Person	1			
	Law Offices of Robert L. Feld	dman				
		Firm/ Company				
	8900 SW 107th Avenue, Ste.					
	Address					
	Miami, FL 33176					
		City/ State and Zip Cod	e			
feldn	nans48@hotmail.com					
	E-mail address: (to be us	ed for future annual report	notification)			
For further information	n concerning this matter, pleas	e call:				
Robert L. Feldman		305	598-4841			
Name	of Contact Person	at (305) 598-4841 Area Code & Daytime Telephone Number				
Enclosed is a check for	r the following amount made p	oayable to the Florida Depa	artment 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)			
Ame Divi P.O	ling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle			

Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation of

SKYDIVE SOUTHWEST FLORIDA, INC.

(Name of Corporation as	currently filed with the Florida Dept. of State)
P03000122702	
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
Skydive SW Florida Club, Inc.	The new
	orporation," "company," or "incorporated" or the abbreviation inc." or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>~</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· .
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
New Registered Office Address:	Florida street address) Florida (City) Florida (City)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
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 <math>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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Pamova				

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		·			
an amendment provides for an exchan	e, reclassification	, or cancellati	on of issued sh	iares,	
rovisions for implementing the amendr (if not applicable, indicate N/A)	nent if not contair	ed in the ame	ndment itself:		
(y noi applicable, maicale 1974)					
	-				
		,			

The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nt(s)
	oproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	dopted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
17 April 2 Dated	2018	
Signature	director, president or other officer – if directors or officers have not be	
select	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other c nted fiduciary by that fiduciary)	
	Roy Torgeirson	
	(Typed or printed name of person signing)	
	President Ray Ceur	
	(Citle of person signing)	