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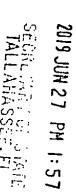
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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	Rider Inc
DOCUMENT NUMBER: みひ-13	36537
The enclosed Articles of Amendment and fee	
Please return all correspondence concerning th	nis matter to the following:
Aar	on Wilkuson
	Name of Contact Person
	R.C.Ridutne Firm/Company
	Firm/ Company
	3702 6th S+ W.
	Address
	3702 6+45+ W. Address Lchish Acres, FC 33971 City/ State and Zip Code
	City/ State and Zip Code
	· l. 2701.0
E-mail address: (to	rider 2704 @ yahoo. com be used for future annual report notification)
For further information concerning this matter	. please call:
Aaron Wilke	Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount of	nade payable to the Florida Department of State:
is a check for the following amount	made payable to the Fibrida Department of State.
	e & \$\Bigcup \\$43.75 \text{ Filing Fee & }\Display \\$52.50 \text{ Filing Fee }\\ \text{Certified Copy} & \text{Certificate of Status} \\ \text{(Additional copy is enclosed)} & \text{(Additional Copy is enclosed)} \end{array}
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section
P.O. Box 6327	Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

of

	R.C. Ridi	er Inc.	
	poration as current	ly filed with the Florida Dep	t. of State)
# 	2013365		
(1	Document Number o	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this	Florida Profit Corporation a	dopts the following amendment(s) t
A. If amending name, enter the new name of	the corporation:		
N	A		The new
name must be distinguishable and contain th "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	" $Corp$," " Inc ," or "	"Co". A professional corpor	orated" or the abbreviation ration name must contain the
B. Enter new principal office address, if appl (Principal office address <u>MUST BE A STREE</u>		NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	EE BOX)	NA	2019 JUN 27 SECOLUAN 27
D. If amending the registered agent and/or renew registered agent and/or the new regis			me of the
Name of New Registered Agent	Aaron	Wilkison	7
	3702	Cth St. W	
New Registered Office Address:	Lehigh	•	. Florida 33971 (Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag	g Registered Agent gent. I am familiar	i: with and accept the obligation	ns of the position.
	Aaro	wil	
	Signature of New I	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: XChange	<u>PT Joh</u>	<u>п Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	<u>se Jones</u>	
X Add	<u>SV Sall</u>	<u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>D</u>	Roxann Wilkison	27 Abby Lane
Add XRemove			Murphy, NC 28906
2) Change	<u>D</u>	Robert C. Rider Jr.	11055 Cherry Lawre Ft. Myers, FC 33912
X Remove 3) X Change Add	A P	D Auran Wilkison	3702 6th St. W Lehigh Acres, FL 3397
Remove 4) X Change Add Remove	<u>ST</u>	Debby Poldvee	2702 6th St. W Lehigh Acres, FL 3:
5) Change Add Remove			
6) Change Add Remove			

	dding addition sheets, if neces	al Articles, ente ssary). (Be spec		<u>) here</u> :		
 Corp	orate	Stock s	hares	: /0	<u> </u>	
 00% of	shares	assigne	o to	Aaron	Wilkison	President
 						,
ovisions for in		ne amendment if N/A)			tion of issued shares endment itself:	1
 		<i>N/</i>	<u> </u>			
 •	<u> </u>				· ·· · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	, 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 date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 6/24/19	
Signature Advo Lel-	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	