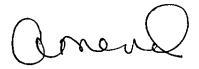
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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	· #)
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	Gator	BaiT	Airboat	Adven	tures Inc.
DOCUMENT NUMBER:	P12000	0342]	L 5		
The enclosed Articles of Amendme	ent and fee a	re submi	tted for filing.		
Please return all correspondence co	nceming this	s matter	to the followin	ıg:	
Bil	iy N. R	hodes			
		ì	Name of Conta	ct Person	ı
Gat	orBait	Airbo	at Adver	tures	. Inc.
	···		Firm/ Con		
8 G	Lenwood	Rđ .			
			Addres	is	
Pou	ghkeeps	ie, N	Y 12603		
			City/ State and	Zip Code	<u> </u>
1.			•	- F	
	irhodes			*	
E-mail	address: (to l	be used f	or future annu	al report	notification)
For further information concerning	this matter, _j	please ca	11:		
Billy N. Rhode	es		at (914) 204-1824
Name of Contact Pe	TSOII				le & Daytime Telephone Number
Enclosed is a check for the following	ig amount m	ade paya	ble to the Flor	ida Depa	rtment of State:
	5 Filing Fee Icate of Stati	us	\$43.75 Filing Certified Cop (Additional co enclosed)	y	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	<u>I</u>			Street A	Address
Amendment Sect			Amendment Section		
Division of Corpo	orations		Division of Corporations		
-	P.O. Box 6327 Tailahussee FI 32314		Clifton Building		

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

FILED

2013 JUL - 1 AM 10: 42

Gator Bait Airboat Adventures, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) 10 (Document Number of Corporation (if known)

dment(s) to

mained anno and man illimite of the	e corporation:	
		TH
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "C vord "chartered," "professional association," or	word "corporation," "company," or "incorporate lorp," "Inc," or "Co", A professional corporation the abbreviation "P.A,"	ed" or the abbr
B. Enter new principal office address, if applications of the principal office address MUST BE A STREET A		
		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
	istered office address in Florida, enter the name o	f the
new registered agent and/or the new registe	red office address:	f the
new registered agent and/or the new registe		f the
new registered agent and/or the new registe	red office address:	f the
Name of New Registered Agent	red office address:	

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	PT	John Doe	
X Remove	¥	Mike Iones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	TD	Ann Rhodes	8 Glenwood Rd.
Add			Poughkeepsie.NY
Remove	,		12603
2)Change	SD	Cynthia J. Rode	13590 N Indian River Dr
_X Add			_Sehastian, FL
Remove			32958
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending or adding additional Arti</u> (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	N/A
	· · · · · · · · · · · · · · · · · · ·
<u>, , , , , , , , , , , , , , , , , , , </u>	
<u></u>	
	
	
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If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
	N/A
	21/ 22

The date of each amendment(s) adoption:06/24/2013
Effective date if applicable:
(no more than 90 days after amendment file date)
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)
(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.
Dated06/21/2013
Signature All Signature
(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)
Billy N. Rhodes
(Typed or printed name of person signing)
President
(Title of person signing)