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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SHADOW WARR	IOR RIDERS MOTORCY	CLE CLUB, INC	
DOCUMENT NUMI	BER: P20000056706			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	atter to the following:		
	Stanley T. Epling II			
		Name of Contact Person	1	
	Shadow Warrior Riders Motorcycle Club, Inc			
		Firm/ Company		
	6327 Cambridge Dr.			
		Address		
	Sebring Fl. 33876			
		City/ State and Zip Code	3	
	spanky.wrmc@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio Stanley T. Epling II	n concerning this matter, plea	se call: at (at	381-6419	
Name o	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
	endment Section	Amendment Section		
	sion of Corporations Box 6327	Division of Corporations The Centre of Tallahassee		
	nhassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SHADOW WARRIOR RIDERS MOTORCYCLE CLUB, INC

(Name of Corporation as curr	ently filed with the Flo	orida Dept. of State)
P20000056706		
(Document Numb	er of Corporation (if kn	own)
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his <i>Florida Profit Corp</i>	oration adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation WARRIOR RIDERS MOTORCYCLE CLUB, INC	<u>:</u>	The new
name must he distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P.	. A professional corp	rporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		202 SE
		-m 8 T
	<u> </u>	2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	2 1
(Maning dutiess MAT BE ATOST OFFICE BOX)	- 	
D. If amending the registered agent and/or registered office a	address in Florida, ent	er the name of the
new registered agent and/or the new registered office addi	ress:	
Name of New Registered Agent N/A	7	
(Florida	a street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili		obligations of the position.
Signature of No.	w Registered Agent, if c	hancina
•	w кедізіегей Адепі, IJ С	nunging
Check if applicable	111// 2 5 6	
\square The amendment(s) is/are being filed pursuant to s. 607.0120 (1	11) (e), F.S.	

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	<u>PT</u> Joh	n Doc	
X Remove	<u>V</u> <u>Mil</u>	<u>ke Jones</u>	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	AMBR	GREENWOOD, BEN	6650 LANDOVER BLVD
Add			SPRING HILL, FL 34608
X Remove			
2) Change	AMBR	DRUMM, BOB	3705 CHESTATEE ROAD
Add			GAINESVILLE, GA 30506
X Remove 3) Change	AMBR	EPLING II, STANLEY	
XAdd			6327 CAMBRIDGE DR.
Remove			SEBRING FL. 33876
4) Change	AMBR	FRALICKS, ANGIE	
X Add			828 RIDGEVIEW DR.
Remove			BURLESON TX. 76028
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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If an amei	ndment provides	for an excha	nge, reclassif	ication or can	religion of iss	ned shares	
provision	<u>is for implement</u>	ing the amen	dment if not o	contained in th	ne amendment	itself:	
	t applicable, indi	cate N/A)					
/A							
					···		
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The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendme	nt file date)
Note: If the date inserted in this block does not meet the applicable statutory filing a document's effective date on the Department of State's records.	requirements, this date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors with action was not required.	nout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast by the shareholders was/were sufficient for approval.	for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. To must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro	val
by(voting group)	
(voting group)	
Dated	
Dated 10-19-2021 Signature Hunly 7. Estimate	
(By a director, president or other officer – if directors or off selected, by an incorporator – if in the hands of a receiver,	
appointed fiduciary by that fiduciary)	trustee, or other court
STANLEY T. EPLING II	
(Typed or printed name of person signin	g)
NATIONAL SECRETARY	
(Title of person signing)	

the

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