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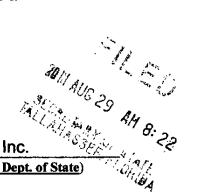


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COI	RPORATION: Thoroughbred	Retirement of Tampa,	Inc.
DOCUMENT N	UMBER: N03000007824		
The enclosed Ara	ticles of Amendment and fee are sub-	mitted for filing.	
Please return all	correspondence concerning this matt	er to the following:	
_		ine Tutcher	
	(Name of	Contact Person)	
	Thoroughbred Re	tirement of Tampa, Inc.	
	(Firm	/ Company)	
	12703 Co	untry Brook Ln	
	(A	(ddress)	
	Tampa F	L 33625-4145	
	(City/ State	e and Zip Code)	
		@hotmail.com	ation)
For further inform	nation concerning this matter, please	call:	
Christine Tutc	her	at (813) 285-417	1
(Na	ame of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a che	ck for the following amount made pa	yable to the Florida Department	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)
, A , h., D P	failing Address .mendment Section bivision of Corporations .O. Box 6327 allahassee, FL 32314	Street Address Amendment Section Division of Corporatio Clifton Building	

Articles of Amendment to Articles of Incorporation of



Thoroughbred Retirement of Tampa, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

N03000007824

(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:

	and contain the word "corporation" of my" or "Co." may not be used in the na	
Enter new principal office address, i	if applicable:	
rincipal office address <u>MUST BE A ST</u>		
	<u> </u>	<u> </u>
Enter new mailing address, if applic		
(Mailing address MAY BE A POST O	OFFICE BOX)	
If a manding the market and a section of		
If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:	d/or registered office address in Florio registered office address:	ia, enter the name of th
new registered agent and/or the new		
Name of New Registered Agent:	registered office address:	
<u>Name of New Registered Agent:</u>	registered office address:	
<u>Name of New Registered Agent:</u>	(Florida street address)	, Florida

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)

<u>Title</u>	Name	<u>Address</u>	Type of Action
P	DWIGHT BACK	2427 BENT TREE RD	☑ Add
		APT 2513	Remove
		PALM HARBOR FL 34683-7708	E Romo ro
D	VANESSA NYE	1718 E 7TH AVE	☑ Add
		STE 201	Remove
	•	TAMPA FL 33605-3814	
_			
<u>D</u>	MARGO FLYNN	11225 RACE TRACK RD	☑ Add
		TAMPA FL 33626-3122	☐ Remove
E. <u>If amendin</u>	g or adding additional Articles, enter c	<u>:hange(s) here</u> :	
(attach addi	tional sheets, if necessary). (Be specific	c)	
Please remo	ove Shari Zimmerman (7820 205T	HIST E RRADENTON EL 34	202) as P
1 10000 101110	ove chan zimmerman (1020 2031)	TOTE, BIVADENTONTE 34	202/ 63 1
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	7.00010		

The date of each amendmen	t(s) adoption: August 25, 2011
Effective date <u>if applicable</u> :	August 25, 2011 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
✓ There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated Aug Signature	Ust 26, 2011 Whisten M. Silled
(By	the chairman or vice chairman of the board, president or other officer-if directors or not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Christine Tutcher
	(Typed or printed name of person signing)
	Secretary/Treasurer
	(Title of person signing)

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