ND4CCCCC532

(Re	equestor's Name)	
(Ac	idress)	_
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
, PICK-UP	WAIT	. MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STAIR

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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

TURNPIKE DISTRI NAME OF CORPORATION:	IBUTION CENTER, INC.
N0400001532	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matte	er to the following:
BRUCE ODONNELL, CPA	
	(Name of Contact Person)
BRUCE ODONNELL, CPA, PA	
	(Firm/ Company)
21301 POWERLINE ROAD, STE 102	
	(Address)
BOCA RATON, FL 33433	
	(City/ State and Zip Code)
BOD@CPAPFS.NET	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
BRUCE ODONNELL CPA	561 883-1210
(Name of Contact Person)	
Enclosed is a check for the following amount made pa	syable to the Florida Department of State:
■ \$35 Filing Fee & Certificate of Status	
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TURNPIKE DISTRIBUTION CENTER, INC.

(Name of Corporation as curr	ently filed with the Flori	ida Dept. of State)	
N04000001532	····		
(Document Nun	nber of Corporation (if kn	iown)	
cursuant to the provisions of section 617,1006, Florida Statumendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not For</i>	Profit Corporation adop	ots the following
. If amending name, enter the new name of the corpora	ation:		
√/A			The new
ame must be distinguishable and contain the word "corpor Company" or "Co." may not be used in the name	ration" or "incorporated	" or the abbreviation "C	orp." or "Inc."
B. Enter new principal office address, if applicable:	N/A		
Principal office address <u>MUST BE A STREET ADDRES.</u>	(2		
		· -	
. Enter new mailing address, if applicable:	24/2		2018 SEC
(Mailing address MAY BE A POST OFFICE BOX)	N/A 		L CHE
			₩ 2
	_	 -	SET UT
		<u>.</u>	33
). If amending the registered agent and/or registered of		enter the name of the	STALE STALE
new registered agent and/or the new registered office	address:		
Name of New Registered Agent: N/A			
	, El	orida street address)	
New Registered Office Address:	77 11	That invertible converse	
		Florida	
	(City)	(Zip Cod	de)
iew Registered Agent's Signature, if changing Registere	ed Agent:		
hereby accept the appointment as registered agent. I am		the obligations of the pos	sition.
	·	<u> </u>	
	Signature of New Registe	ered 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 X Remove X Add	<u>V</u> <u>Mik</u>	<u>n Doe</u> <u>e Jones</u> <u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP/D	SANDY SMITH	1590 NW 27TH AVE, #2
Add			POMPANO BEACH, FL 33069
X Remove			
2) Change			
Add			<u></u>
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)			
N/A				
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				<u></u>
 				
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The	date of each ame	indment(s) adoption:	, if other than the
date	this document wa	s signed.	
Effe	ective date <u>if appl</u>	icable:	
		(no more than 90 days after amendment file date)	
<u>Not</u>	e: If the date inserument's effective d	ted in this block does not meet the applicable statutory filing requirements, this date will no ate on the Department of State's records.	ot be listed as the
Ado	ption of Ameadm	ent(s) (CHECK ONE)	
	The amendment(s was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) nt for approval.	
	There are no mem adopted by the bo	abers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.	
	Dzied	06-21-2018	
	Signature		
		(By the chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
		GREG MANN	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	