

N08000002421

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(Business Entity Name)

(Document Number)

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**09 JUN 19 AM 10: 23**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

*Amend  
\*CIS  
6/24/09*

**COVER LETTER**

**TO: Amendment Section  
Division of Corporations**

**NAME OF CORPORATION: T.H.R.I., Inc**

**DOCUMENT NUMBER: N08000002421**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ryan J. Ross

(Name of Contact Person)

(Firm/ Company)

11143 Median Street

(Address)

Boca Raton, FL 33428

(City/ State and Zip Code)

thri.ryan@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan J. Ross

(Name of Contact Person)

at ( 561 ) 212 0136

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable 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)

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

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

Articles of Amendment  
to  
Articles of Incorporation  
of

T.H.R.I., Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

N08000002421

(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:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

11143 Median Street

Boca Raton, FL 33428

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

11143 Median Street

Boca Raton, FL 33428

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent:* \_\_\_\_\_

*New Registered Office Address:* \_\_\_\_\_

(Florida street address)

\_\_\_\_\_, Florida  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



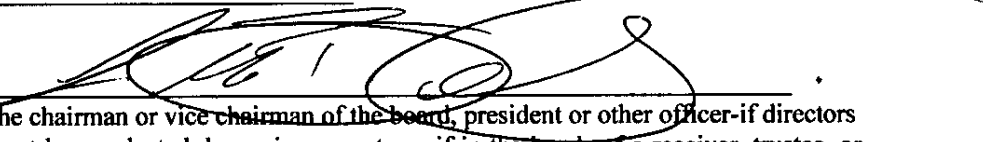
The date of each amendment(s) adoption: June 05, 2009  
*(date of adoption is required)*

Effective date if applicable: June 05, 2009  
*(no more than 90 days after amendment file date)*

**Adoption of Amendment(s) (CHECK ONE)**

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated June 05, 2009

Signature   
*(By the chairman or vice 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)*

Jonathon M. Ballard  
*(Typed or printed name of person signing)*

President  
*(Title of person signing)*