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BE SHE LANY OF SHALE ONE CORPORATIONS

14 OCT -5 PM D: 16

C. Lewis 14

COVER LETTER

* Division of Corporations			
NAME OF CORPORATION:	Tampa	bay burn	rese council, Inc
DOCUMENT NUMBER:	NI	1000001	2729
The enclosed Articles of Amendmen	and fee are submitt	ed for filing.	
Please return all correspondence con-	cerning this matter to	the following:	
	Sumon	ame of Contact Person	
	(N	ame of Contact Person	1)
Tam	ipa Bay	Burnesc	Council, Inc
11007	N. 50th	Street, (Address)	Suite T
		(Address)	,
temp	le Terra	e. Fl	33617
E-mail ad	MMUSECOL	Incil (a) 9 r future annual report	mail. com
For further information concerning the		•	,
Sumon Ny	unt	at (813	ode & Daytime Telephone Number)
(Name of Contact Pe	rson)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following	g amount made payal	ole to the Florida Depa	artment of State:
		\$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		Street	Address

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

TO: Amendment Section

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

Articles of Amendment

SEMNLIAR OF STATE NVISION OF CORPORATIONS

Articles of Incorporation 14 OCT -6 PM 12: 16

N I	100000v12	19		
(Docur	ment Number of Corporat	tion (if known)		
Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation		Florida Not For Pro	ofit Corporation ac	lopts the following
A. If amending name, enter the new nam	ne of the corporation:			
	N	II A		The new
name must be distinguishable and contain i "Company" or "Co," may not be used in t		or "incorporated" or	the abbreviation `	'Corp." or "Inc."
B. Enter new principal office address, if (Principal office address MUST BE A STI				<u> </u>
C. Enter new mailing address, if application (Mailing address MAY BE A POST O				
D. If amending the registered agent and			er the name of the	
new registered agent and/or the new	1 00 V	<u>s:</u>		
Name of New Registered Agent:	11007 N.504 (Floria	1 SWelt		
<u>New Registered Office Address:</u>		7	0	21017
	City)	ace	_, Florida <u>3</u>	Zip Code)
New Registered Agent's Signature, if che I hereby accept the appointment as register			obligations of the p	oosition.

Signature of New Registered Agent, if changing

Page 1 of 4

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 <math>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	PT John Doe V Mike Joh SV Sally Sm	<u>es</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Prosident	Christy Sui	13510 Auther Rogency Dr.
AddRemove			
2) Change	VI Ce-President	Aarav Neupaney	SHE T
Remove 3)Change	Presidea	lan Ku	Temple Temale Fl 33617 11007 N. 56th Street
Remove			Suite T Temple Temace, FL 33617
4) Change			
Remove			
5) Change			
Remove			
6) Change			
Add			
Remove			

C. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)								
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date	date of each amendment(s) adoption this document was signed. ective date if applicable:		N A Odays after amena	Ment file days OCT -6 PH12	if other than the
Ada	option of Amendment(s)	(CHECK ONE			
□	The amendment(s) was/were adop was/were sufficient for approval.	ted by the members a	and the number of	votes cast for the amendment(s)	
×	There are no members or members adopted by the board of directors.	s entitled to vote on t	he amendment(s).	The amendment(s) was/were	
	Dated	81271	2014		
	Signature	an on view abairman o	fthe board marrie	lent or other officer-if directors	
	have not been		porator - if in the	hands of a receiver, trustee, or	
		Lah	Ku		
	(1	yped or printed name DMC1	e of person signing	3)	
		(Title of per	son signing)		