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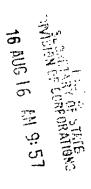
(1	Requestor's Name)	•
	Address)	
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	City/State/Zip/Phone #)	······································
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AUG 25 2016 C MCNAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	N BOOSTER INC.		% (S
DOCUMENT NUMBER:	2777		
The enclosed Articles of Amendment a	nd fee are submitted for filing.		
Please return all correspondence concer	ning this matter to the followin	g:	
Bonnie Stevenson			
	(Name of Conta	ct Person)	
	(Firm/ Con	pany)	
8250 NW 11th Street			
	(Addres	is)	
Pembroke Pines, FL 33024			
	(City/ State and	Zip Code)	
bstevenson@portconsolidated.com			
E-mail addre	ess: (to be used for future annua	al report notification	1)
For further information concerning this	matter, please call:		
Bonnie Stevenson		(954) at	668-4572
(Name of C	Contact Person)		(Daytime Telephone Number)
Enclosed is a check for the following ar	mount made payable to the Flor	ida Department of	State:
	Filing Fee & \$\Bigsquare\ \$43.75 \text{ Filing} \text{ Certified Cop} \text{ (Additional coenclosed)}	y Certifopy is Certif	0 Filing Fee icate of Status led Copy tional Copy is osed)

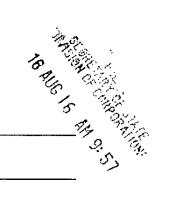
Mailing Address

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



TITAN BOOSTER INC

(Name of Corporation as curren	tly filed with the Fl	orida Dept. of State)
	er of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not I</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
n/a		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporat	
B. Enter new principal office address, if applicable:	n/a	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
		······································
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a		a, enter the name of the
Name of New Registered Agent: n/a		
New Registered Office Address:	•	(Florida street address)
	·	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		pt the obligations of the position.
	CN S	istered 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>Mi</u>	n <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Adam Handler	3600 College Avenue
Add			Davie, FL 33314
X Remove			
2) Change	<u>s</u>	Amanda Muir	1031 NW 32nd Street
Add			Ft Lauderdale, FL 33315
X Remove			
3) Change	<u>s</u>	Michelle Doletina	197 Wimbledon Lake Drive
X Add			Plantation, FL 33324
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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	te this document was signed:	, if other than the
Effe	fective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
Note locu	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this cument's effective date on the Department of State's records.	date will not be listed as the
Ado	loption of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amend was/were sufficient for approval.	dment(s)
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.	s/were
	Dated August 10, 2016	
	Signature Mathlelu Q Clara	
	(By the chairman or vice chairman of the board, president or other officer-if di have not been selected, by an incorporator – if in the hands of a receiver, trust other court appointed fiduciary by that fiduciary)	
	Kathleen O'Hara	
	(Typed or printed name of person signing)	
	Treasurer	
	(Title of person signing)	