## 112000003777

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## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |  |
|--|--|
| NAME OF CORPORATION:   |  |
| DOCUMENT NUMBER:   |  |
| The enclosed Articles of Amendment and fee are subm  | nitted for filing.   |
| Please return all correspondence concerning this matter  | r to the following:  |
| MICHELLE DOLETINA  |  |
|  | (Name of Contact Person)   |
| TITAN BOOSTER INC  |  |
|  | (Firm/ Company)  |
| P.O. BOX 290212  |  |
|  | (Address)  |
| DAVIE, FL 33329-0212   |  |
| (  | (City/ State and Zip Code)   |
| thetitanboosters@gmail.com   |  |
| E-mail address: (to be used  | for future annual report notification)   |
| For further information concerning this matter, please of                                      | call:  |
| KATHLEEN O'HARA  | 954 803-5880<br>at   |
| (Name of Contact Person)   |  |
| Enclosed is a check for the following amount made pay  | yable to the Florida Department of State:  |
| ■ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status                                 | ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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

TITAN BOOSTER INC

| (Name of Corporation as c   | urrently filed with the Flor          | ida Bent, of State)                             |
|---|---------------------------------------|---|
| N12000002777  | MICHAEL HER WAR THE FIOR              | ida Dept. of State)                             |
| (Document   | Number of Corporation (if k           | nown)   |
| Pursuant to the provisions of section 617.1006, Florida 8 amendment(s) to its Articles of Incorporation:                              | Statutes, this <i>Florida Not Fo</i>  | r Profit Corporation adopts the following       |
| A. If amending name, enter the new name of the corp   | poration:                             |   |
| name must be distinguishable and contain the word "co."<br>"Company" or "Co." may not be used in the name.                            | rporation" or "incorporated           | The new U or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR                                 | RESS )                                |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX  | · · · · · · · · · · · · · · · · · · · |   |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent: |                                       | enter the name of the                           |
|   | (Florida street address)              |   |
| New Registered Office Address:  |                                       | ,   |
|   | (City)                                | , Florida (Zip Code)                            |
| New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I                            |                                       | the obligations of the position.                |
|   |                                       |   |
|   | Signature of New Regist               | rered Agent, if changing 7001 24                |
|   | 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 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>M</u> : | hn <u>Doe</u><br>ike Jones<br>Ily Smith |                          |
|----------------------------------|---------------------|---|--------------------------|
| Type of Action<br>(Check One)    | <u>Title</u>        | <u>Name</u>                             | <u>Addres</u> s          |
| 1) Change                        | D                   | RICHIE DOLETINA                         | 197 WIMBLEDON LAKE DRIVE |
| Add X Remove                     |                     |   | PLANTATION, FL 33324     |
| 2) Change                        | D                   | DEBORAH COOMBS                          | 11080 SW 9TH PLACE       |
| X Add                            |                     |   | DAVIE, FL 33324          |
| 3) Change                        | . <u>D</u>          | SABINE ZOUARI                           | 1285 SW 8TH AVENUE       |
| X Add                            |                     |   | FT LAUDERDALE, FL 33315  |
| 4) Change                        | D                   | TIFFANY NOVEMBRE                        | 8079 SW 20TH COURT       |
| X Add Remove                     |                     |   | DAVIE, FL 33324          |
| 5) Change                        | D                   | LESLIE HARLEY                           | 4356 CARAMBOLA CIR N     |
| X Add                            | <del></del>         |   | COCONUT CREEK, FL 33066  |
| Remove                           |                     |   |                          |
| 6) Change                        | D                   | AMY TRODICK                             | 3511 NW 122 AVENUE       |
| Add                              |                     |   | SUNRISE, FL 33323        |
| Remove                           |                     |   |                          |

| . If amending or adding additional Article (attach additional sheets, if necessary). | (Be specific)                         |              |               |
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|  | 10/16/2017  |                     |
|--|---|---------------------|
| The date of each amend                     | ment(s) adoption:   | , if other than the |
| date this document was si                  | gned  | -                   |
|  | 10/16/2017  |                     |
| Effective date if applica                  |   |                     |
|  | (no more than 90 days after amendment file date)  |                     |
|  | I in this block does not meet the applicable statutory filing requirements, this date will not be on the Department of State's records.   | e listed as the     |
| Adoption of Amendmen                       | t(s) ( <u>CHECK ONE</u> )   |                     |
| The amendment(s) was/were sufficient to    | vas/were adopted by the members and the number of votes east for the amendment(s) for approval.   |                     |
| ☐ There are no member adopted by the board | ers or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.  |                     |
| Dated _<br>                                | 0/16/2017<br>KALLIC   |                     |
| (B   | 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) | -                   |
|  | KATHLEEN O'HARA   |                     |
|  | (Typed or printed name of person signing)   |                     |
|  | PRESIDENT, TITAN BOOSTER INC  |                     |
|  | (Title of person signing)   |                     |