

N14 000003555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

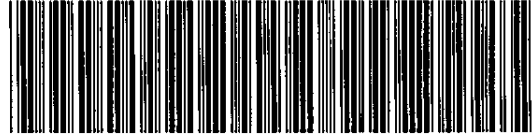
(Business Entity Name)

(Document Number)

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2015 MAY 15 PM 2:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

MAY 21 2014

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2015

CORRIE NELSON
1605 LAKE AVE
CLERMONT, FL 34711

SUBJECT: FLTNT BOOSTERS INC.
Ref. Number: N14000003555

We have received your document for FLTNT BOOSTERS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PAGE 4 NEEDS TO BE COMPLETED. CHECK ONE BOX AND SIGN, TITLE AND DATE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 315A00009441

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FL TNT Boosters Inc.

DOCUMENT NUMBER: N14000003555

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

Please return all correspondence concerning this matter to the following:

Corrie Nelson
(Name of Contact Person)

N/A
(Firm/ Company)

1605 Lake Ave
(Address)

Clermont, FL 34711
(City/ State and Zip Code)

Nelsoncorrie22@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Corrie Nelson at (407) 488-7207
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

FL TNT Boosters Inc.

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

N14000003555

(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:

N/A

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." "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)

1605 Lake Ave.
Clermont FL
34711

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Corrie Nelson

1605 Lake Ave

(Florida street address)

New Registered Office Address:

Clermont

(City)

Florida

34711

(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

SECRETARY OF STATE
ALLIANCE FLORIDA

2015 MAY 15 PM 2:13

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Barbie Williams</u>	<u>7725 Pretty LK Rd</u> <u>Clermont, FL</u> <u>34714</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Sheena Hargeshimer</u>	<u>2099 Anguilla Ave</u> <u>Clermont, FL</u> <u>34711</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Rachel Rivera</u>	<u>15837 Hidden Lake Cir.</u> <u>Clermont, FL</u> <u>34711</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PS</u>	<u>Corrie Nelson</u>	<u>1605 Lake Ave</u> <u>Clermont, FL</u> <u>34711</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Lisbeth Sisson</u>	<u>3330 Lake Erie Rd</u> <u>Groveland, FL</u> <u>34736</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

~~NA~~

The date of each amendment(s) adoption: N/A, if other than the date this document was signed.

Effective date if applicable: N/A
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 5/13/15 N/A

Signature N/A Barbara Williams

(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)

N/A Barbie Williams
(Typed or printed name of person signing)

N/A President
(Title of person signing)