NIH000005106

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(City/State/Zip/Phone #)
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TWIN COUNTY RAIDERS NAME OF CORPORATION: _____ DOCUMENT NUMBER: _____ N14000005106 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MACK L FINNIE JR Name of Contact Person Firm/ Company 18111 NW 6 COURT Address MIAMI, FLORIDA. 33169 City/ State and Zip Code DADECOUNTYRAIDERS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHARON FINNIE 607-0349 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & **■\$43.75** Filing Fee & □\$52.50 Filing Fee ☐ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle



September 21, 2018

MACK L FINNIE JR 18111 NW 6 CO URT MIAMI, FL 33169

SUBJECT: TWIN COUNTY RAIDERS, INC.

Ref. Number: N14000005106

We have received your document for TWIN COUNTY RAIDERS, INC. and check(s) totaling \$43.75. However, your check(s) and document are being returned for the following:

The form you submitted is for a Profit Corporation, but your entity is a Non-Profit Corporation. Please complete and return the enclosed blank form(s).

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.

Letter Number: 018A00019754

Diane Cushing Senior Section Administrator



October 19, 2018

MACK L FINNIE JR 18111 NW 6 CO URT MIAMI, FL 33169

SUBJECT: TWIN COUNTY RAIDERS, INC.

Ref. Number: N14000005106

We have received your document for TWIN COUNTY RAIDERS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Complete the 2 pages enclosed.

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.

Diane Cushing Senior Section Administrator

Letter Number: 818A00021398

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HOVEL PH 1: 2:

SEORETARY OF STATE
TALLAHASSEE, FL

2018 NOV - 1 PM 1:23

BECEIVED ##

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Artic	cles of Amendment	යා අප
Artic	to les of Incorporation	A0%
Ain	of	1
This County la	Jave Tac	
(Name of Corporation as curr	ently filed with the Florida Dep	t of State)
1 1 1 D TO S S I I	<u> </u>	t. Or Mate
N 140 000 2 10	<u>56</u>	
(Document Nur	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
name must be distinguishable and contain the word "corpor	ration" or "incorporated" or the	The new
"Company" or "Co." may not be used in the name.		
	18111 Klb	6ct K1. 33169
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.	701110	(1 2711 0
<u></u>	- Mami	M. 33169
	/	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18111 NW	6CF
(Studing dadress SIZE BE A FOST OFFICE BOX)	1 11 -1-	01 27110
	Mami,	4. 33167
	*	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		ie name of the
new registered agent and/or the new registered order	r address.	
Name of New Registered Agent:		
	(Florida strei	et address)
New Registered Office Address:		
		, Florida /Zip Code)
	(Cuy)	(Zip Code)
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent. I am		gations of the position.
	Signature of New Registered Ago	ent, 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.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>8V</u>	Sally Snith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
	GM	SYLVESTER SAMPSON III	18111 NW 6 COURT
Change X			MIAMI, FLORIDA. 33169
Add			
Remove			
21 Change			
Add			
Remove			
3) Change			
Add			
Remove			<u></u>
1) Characa			
4) Change Add			
Remove			
Kemove			
5) Change			
Add			
Remove			
6) Chunus			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)
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10/15/18	
The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable: 101518 (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 document's effective date on the Department of State's records.	oe listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes east 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 101518	
Signature Wack (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)	
Mack L. Finie J. (Typed or printed name of person signing)	
President (CEO	
(Title of person signing)	