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C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: TIGER NATION BAND BOOSTER ASSOCIATION, INC.
DOCUMENT NUMBER: N 15 00000 6 7 1 7
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARILYN GARI (Name of Contact Person)
TIGER NATION BAND BOOSTER A SSOCIATION, INC. (Firm/Company)
(Firm/ Company)
80 NE 46 CT
(Address)
OAKLAND PARK, FL 33334 (City/State and Zip Code)
( ,
mgariebell south.net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARILYN GARÍ (954) 632-9651
(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:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section  Street Address Amendment Section
\$35 Filing Fee  \$\begin{array}{c} \$\subset\$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## Articles of Amendment to Articles of Incorporation

N/A	01		
(Name of Corporation as curren	itly filed with the Flor	ida Dept. of State)	
(Document Numl	per of Corporation (if k	nown)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following	· •
A. If amending name, enter the new name of the corporat	tion:		
N/A		The new	
name must be distinguishable and contain the word "corpora	ttion" or "incorporated	l" or the abbreviation "Corp." or "Inc."	
"Company" or "Co." may not be used in the name.	NIA		12
B. Enter new principal office address, if applicable:		1983	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	)	Fig.	
		16.20 17.20	-7
	,		Ē
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	ĮĄ.	$\Box$
(muning undress MAT DE ATOST OTTICE DOA)	<del>· ·/· · ·</del>	M. O. F. Co.	) ( ) (
	# · · · · · · · · · · · · · · · · · · ·		
D. If amending the registered agent and/or registered off	ing address in Florida	enter the name of the	
new registered agent and/or the new registered office		ther the name of the	
Name of New Registered Agent:	N/A		
Nume of New Registered Agent.	7/1		
	(F)	orida street address)	
New Registered Office Address:	(		
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo		the obligations of the position.	
	I/A		
	ignature of New Regis	tered 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>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)	5	MARILYN GARI	1201 NW 6 Avenue Pompano Beach, FL 33060
2) Change Add	T, FS	RHONDA MCNAIR	1201 NW 6 Avenue Pompano Beach, FL
Remove 3) Change Add		<u>N/A</u>	33060
Remove 4) Change Add	<del></del> .	N/A	
Remove  5) Change Add		N/A	
Remove		N/A	
6) Change Add Remove		14/11	
Kemove			

E. If amending or adding additional Arti	icles, enter change(s) here:
(attach additional sheets, if necessary).	(Be specific)
1. /4	
N/A	
<u> </u>	

	date of each amendment(s) adop	•	30/16	, if other than the
	this document was signed. • ctive date if applicable:	<u> </u>	22/16	
		(no more than 90 day	s after amendment file date)	
	e: If the date inserted in this block innent's effective date on the Depa		able statutory filing requirem	ents, this date will not be listed as the
Ado	ption of Amendment(s)	(CHECK ONE)		
X	The amendment(s) was/were adop was/were sufficient for approval.	ted by the members and	the number of votes cast for t	the amendment(s)
	There are no members or member adopted by the board of directors	sentitled to vote on the a	mendment(s). The amendme	ent(s) was/were
	Dated	30/16 June Gara		
	Signature	50 7 7 5 5 5 5 5		
	have not been		board, president or other of tor – if in the hands of a rece fiduciary)	
	MAR.	LYN GAR	Í	
	Sec	(Typed or pr	inted name of person signing	;)
			Title of person signing)	