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☐ PICK-UP	☐ WAIT	MAIL.
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(B	usiness Entity Name	)
(D	ocument Number)	
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Special Instructions to	Filing Officer:	•
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#### **COVER LETTER**

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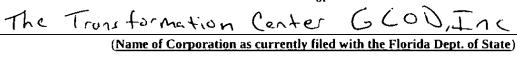
TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: The Trans	formation Center 660D, Inc. 8	
DOCUMENT NUMBER: NISO 000		
The enclosed <b>Articles of Amendment</b> and fee are submit	ربر. درو درو (ted for filing.	
Please return all correspondence concerning this matter	to the following:	
John David Zacha	sch Wallace	
The Transformation Cen	to 6 (OD), Inc	
	(Firm/ Company)	
15286 SW 1045+ Apt	222	
	(Address)	
Migmi, Florids 3	7196	
/ (0	City/ State and Zip Code)	
(eðjóhnvallar	or future annual report notification)	
E-mail address: (to be used fo	or future annual report notification)	
For further information concerning this matter, please ca	H:	
John D. Wallace	at 704-418-7893 (Area Code) (Daytime Telephone Number)	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made paya	ble to the Florida Department of State:	
	\$43.75 Filing Fee &  Certified Copy (Additional copy is enclosed)  (Additional Copy is Enclosed)	
Mailing Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

### **Articles of Amendment**

#### **Articles of Incorporation**

The State of the S



## (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

		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incorpore	ated" or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	
D. If amending the registered agent and/or register		da, enter the name of the
new registered agent and/or the new registered (	office address:	
Name of New Registered Agent:		
New Registered Office Address:	:	(Florida street address)
_		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.		ept the obligations of the position.
	Signature of New Re	gistered 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	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	5	Rhonda Fergwon	18745 SW 306 Terrace Homestered, FC 27023
2) Change Add	5_	Keyondra Barrera	614 Se 77rd Terr. Homertan, FC 33033
Remove 3) Change Add			
Remove 4) Change Add Remove	<del></del>		
5) Change Add Remove	<del></del>	······································	
6) Change Add Remove			

(attach additional sheets, if necessary). (Be specific)			
We are adding the two secretary to the Atheis of theorportion.			
Freo-portion.			
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The date of each amendm	ent(s) adoption:	, if other than th
date this document was sign	ned.	
Effective date <u>if applicabl</u>		
	(no more than 90 days after amendment file date)	
	n this block does not meet the applicable statutory filing requirements, this date will in the Department of State's records.	not be listed as the
Adoption of Amendment(	s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was was/were sufficient for	s/were adopted by the members and the number of votes cast for the amendment(s) rapproval.	
There are no members adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
Dated	10/1/2018	
Signature	John Dal Walle	
hav	the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or ler court appointed fiduciary by that fiduciary)	
	Joh- Dul wallace	
	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	