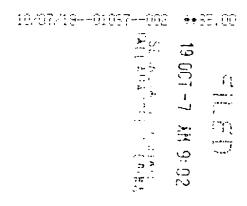
N19 000000 8648

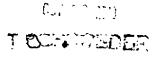
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900335124699





COVER LETTER

TO: Amendment Sections, Division of Corporations

NAME OF CORPORATION:	
N1900008648 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are subtr	nitted for filing.
Please return all correspondence concerning this matter	r to the following:
Joseph R Mortensen	
-	(Name of Contact Person)
TBA Bulls Inc	
	(Firm/ Company)
905 Retriever Avenue	
	(Address)
Seffner, FL 33584	
((City/ State and Zip Code)
stuntandtumblellc@gmail.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please of	call:
Joseph R Mortensen	813 716-7537
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	vable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TPA Bulls INC			
(Name of Corporation	as currently filed with the l	Florida Dept. of State)	
N19000008648			
(Docur	nent Number of Corporation (if known)	-
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not</i>	For Profit Corporation adopts the	e following
A. If amending name, enter the new name of the	e corporation:		
N/A			The new
name must he distinguishable and contain the word "Company" or "Co." may not be used in the nam	l "corporation" or "incorpora E	ated" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applica			
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)		
			
			
C. Enter new mailing address, if applicable:	N/A		
(Mailing address <u>MAY BE A POST OFFICE</u>	<u> </u>		
	 		- 9 - - 9
D. If amending the maintened agent and/or make	staned effice eddeses in 171. ct	/ .	7
 If amending the registered agent and/or registered agent and/or the new registered. 		ua, enter the name of the	Ex []
Name of New Registered Agent:	N/A		چ چ
twine of frew negisieren ngem.			2
		(Florida street address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing F	Registered Agent:		
hereby accept the appointment as registered agen	t. I am familiar with and acc	ept the obligations of the position.	
-	Signature of New Re	gistered Agent, if changing	<u>_</u>

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 ty Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	DP	Elsie S Nilsson	905 Retriever Ave
Add		-	Seffner, FL 33584 US
Remove			
2) X Change	DVP	Joseph R Mortensen	905 Retriever Avenue
Add			Seffner, FL 33584 US
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			- 10 - 10 - 10 - 10
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		В	

E. If amending or adding additional Articles, enter (attach additional sheets, if necessary). (Be speci			
Article VI			
Said organization is organized exclusively for charital	ole, religious, educational, and so	cientific purposes, i	ncluding, for
such purposes, the making of distributions to organiza	tions that qualify as exempt org	anizations described	l under Section
501 (c)(3) of the Internal Revenue Code, or correspond	ding section of any future federa	I tax code.	
Upon the dissolution of the organization, assets shall be	pe distributed for one or more ex	empt purposes with	in the meaning of
Section 501(C) (3) of the Internal Revenue Code, or co			· · · · · · · · · · · · · · · · · · ·
			<u> </u>
			
		· -	
			
			
			<u>#.</u> 79
	Page-3 of 4		19 OCT

The date of each amend	08/22/2019 ment(s) adoption:	, if other than the
date this document was si Effective date if applical	69/13/04/0	, a outer than the
	(no more than 90 days after amendment file date)	
Note: If the date inserted document's effective date	in this block does not meet the applicable statutory filing requirements, this date will not be on the Department of State's records.	listed as the
Adoption of Amendment	(S) (CHECK ONE)	
The amendment(s) was/were sufficient for	as/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
There are no members adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
Signature(By had oth	the chairman or vice chairman of the board, president or other officer-if directors on the been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary) Joseph R Mortensen	
	(Typed or printed name of person signing)	
<u>,</u>	Vice President	
	(Title of person signing)	

and the second s