## N9800005864

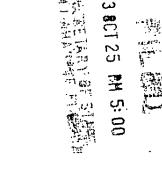
(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		





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AM 30/13

## **COVER LETTER**

FO: Amendment Section Division of Corporations				
NAME OF CORPORATION: Tornado Tauchdain Coep				
DOCUMENT NUMBER: N98000005864				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Amenda Wood (Name of Contact Person)				
(Name of Contact Person)				
Tornado Touchdown Booster Corp (Firm/Company)				
540 S Hercules Ave				
Clearwater, Fr 33764 (City/ State and Zip Code)				
(City/ State and Zip Code)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Amenda Wood at (727) 656-9226  (Name of Contact Person) (Area Code & Daytime Telephone Number)				
(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 Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certificate of Status  Certified Copy (Additional Copy is Enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

## **Articles of Amendment**

•	to	
	Articles of Incorporation of	
	0 4 0 -	
(Name of Corporation as currently f	oun booster Lorgo.	
(Name of Corporation as currently I	med with the Florida Dept. of State)	199 - 45 200 ans
<u> </u>	3000002869	
(Docum	ent Number of Corporation (if known)	9
Pursuant to the provisions of section 617.100 amendment(s) to its Articles of Incorporation	06, Florida Statutes, this <i>Florida Not For Profit Corpor</i> n:	ration adopts the following
A. If amending name, enter the new name	of the corporation:	
		The new
name must be distinguishable and contain th "Company" or "Co." may not be used in th	ne word "corporation" or "incorporated" or the abbrev	viation "Corp." or "Inc."
B. Enter new principal office address, if a (Principal office address MUST BE A STR)		
(i rincipui office uduress arest be 715 rin		
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)		
(Mulling dudiess MAT BE AT OST OF	TICL BOX)	
D. 16		£4h .
new registered agent and/or the new re	or registered office address in Florida, enter the nam egistered office address:	<u>e or trie</u>
Name of New Registered Agent:		
_	(Elevido quest address)	
New Registered Office Address:	(Florida street address)	
	, Florida _	
_	(City)	(Zip Code)
New Registered Agent's Signature, if char I hereby accept the appointment as registere	nging Registered Agent: ed agent. I am familiar with and accept the obligations	s of the position.
	Signature of New Registered Agent, if changing	

Page 1 of 4

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	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>V</u>	Panela Iusi	
Add Remove			
2) Change	<u>V</u>	Kyminda Lehman	1712 Brentwood Drive Ckerwater, FL 33756
Remove 3) Change Add			
Remove 4) Change	<del></del>	<del></del>	
Add			
5) Change Add		<del></del>	
Remove 6) Change			
Add			

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
	•

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	_
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 10-18-2013	
Signature And Ex	
(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)	_
Amanda Wood (Typed or printed name of person signing)	
President	
(Title of person signing)	