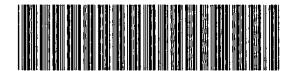
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(Requestor	s Name)
(Address)	
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PICK-UP	NAIT MAIL
(Business E	Entity Name)
(Document	Number)
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13 SEP 20 PM 2: 15
SECRETARY OF STATE
ALLAHASSEF, FLORIDA

C. LEWIS SEP 27 2013 EXAMINER



Katie L. Everlove-Stone
Attorney at Law

Wills Trusts, Estates, Taxation, Guardianshics

412 E. Madison Street Suite 824 Tampa, FL 33602

(813) 898-5340

katie@everlovelegal.com Fax (866) 326-7610 980 Tyrone Boulevard St. Petersburg, FL 33710 (727) 471-0675

September 17, 2013

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Articles of Amendment for T.B.T.I.Inc.

Dear Sir or Madam:

Enclosed please find articles of amendment for filing, along with a check in the amount of \$35.00 for the filing fee.

Please give me a call if you have any questions.

Best regards,

Katie Everlove-Stone

## **COVER LETTER**

TO: Amendment Sec Division of Corp				
NAME OF CORPORATION: T.B.T.I. Inc				
DOCUMENT NUM	BER: P0100008109	98		
	s of Amendment and fee are st			
Please return all correspondence concerning this matter to the following:				
Christine Schumack				
		Name of Contact Person	1)	
	T.B.T.I. Inc.			
		Firm/ Company		
	23268 Lago Mar	Circle		
		Address		
	Boca Raton, FL 3	33433		
		City/ State and Zip Cod	ė ·	
	Alacimit : a	l 1- 1- 2-2		
•	E-mail address: (to be to	etm hospitalil	notification)	
E-man address. (to be used for future annual report normeation)				
For further information	on concerning this matter, pleas	se call:		
	me of the state of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		at (	1	
Name	of Contact Person	Area Co	) de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	Mailing Address Street Address			
Amendment Section		Amendment Section		
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building				
Tal	Inhassee, FL 32314	2661 E	executive Center Circle issee, FL 32301	

## Articles of Amendment to

## FILED

	Articles of Incorporation of	13 SEP 20 PM 2: 15
T. B.	T.I Inc	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Name of Corporation as cur	rently filed with the Florida Dept. of Str	ite) TEATHASSEE, FLORIDA
	P01000081098	
(Document Nu	imber of Corporation (if known)	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	5, Florida Statutes, this Florida Profit Corp	poration adopts the following amendment(s) to
A. If amending name, enter the new name of	of the corporation:	
		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	i "Carp," "Inc," or "Ca". A profession	r "incorporated" or the abbreviation all corporation name must contain the
B. Enter new principal office address, if ap		
(Principal office address MUST BE A STRE	ET ADDRESS )	
		· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable		
(Mailing address MAY BE A POST OFF.	ICE ROX)	
D. If amounting the analysis of another advantage		
<ul> <li>If amending the registered agent and/or new registered agent and/or the new reg</li> </ul>	registered office address in Florida, ent	er the name of the
Name of New Registered Agent		
Nume of their Tognier carrigem		<del></del>
Constitution of	(Florida street address)	<del></del>
	ge to the area and all all and all all all all all all all all all al	
New Registered Office Address:	(City)	, Florida (Zip Code)
		(1.1)
	•	
New Registered Agent's Signature, if change	ing Registered Agent:	40
I hereby accept the appointment as registered of	agent. I am familiar with and accept the	obligations of the position.
D2	· · · · · · · · · · · · · · · · · · ·	
Signatu	re of New Registered 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:

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.

	we, ana sa	ny smin, sv as an Ada.	
Example: X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	PD	Christine Schumack	23268 Lago Mar Circle
Add			Boca Raton, FL 33433
Remove			
2) X Change	VD	Paul Schumack	23268 Lago Mar Circle
Add			Boca Raton, FL 33433
Remove			
3 ) Change	TD	Crystal A. Miller	23268 Lago Mar Circle
X Add			Boca Raton, FL 33433
Remove			
4) Change	SD	Chad P. Wright	23268 Lago Mar Circle
X Add			Boca Raton, FL 33433
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
and the state of t		
		<del></del>
/		******
programme and the second secon		
If an amendment provides for an exclusions for implementing the ame (If not applicable, indicate N/A)	nange, reclassification, or cancellation of issued sharendment if not contained in the amendment itself:	es,

FILED

The date of each amendment(s)	adoption:	······································	13 SEP 20 Fighter than the
date this document was signed.  Effective date if applicable:	9/14/13		SECRETARY UF STATE ALLAHASSEE, FLORIDA
	(no more than 90	days after amendment file date)	MOSCE, FLORIDA
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The r sufficient for approval.	number of votes cast for the ame	ndment(s)
	pproved by the shareholders throu for each voting group entitled to vo		
"The number of votes ca	st for the amendment(s) was/were	sufficient for approval	
by	(voting group)	*1	
	(voting group)		
The amendment(s) was/were a action was not required.	dopted by the board of directors w	vithout shareholder action and sh	archolder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators withou	ut shareholder action and shareh	older
Dated	7-16-2013		
(By a selec	director, president or other office ted, by an incorporator – if in the linted fiduciary by that fiduciary)	r - if directors or officers have n	
	Christine Schu	ımack	
	(Typed or pri	inted name of person signing)	***************************************
	President - Dir	rector	
	(Tide	of person signing)	