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SECRETARY OF STATE
TALL AHASSEE, FLORIDS

C. LEWS

OCT 2 2 2013

EXAMINER

COVER LETTER

4

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Thurde-struck Innovations DOCUMENT NUMBER: P11000015097
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Valerie S Michael Name of Contact Person Thunder Struck Innovations Firm/Company 2111 Sw 31 Street Address Ft. Lauderdale ta. 33312 City/State and Zip Code Valsacomichael & hell south. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Valerie LS Michael at (954) 684-4329 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 (Additional Copy

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

Articles of Amendment

13 00T 15 PM 1: 10

	to Articles of Incorporation		Y OF STATE
Thunderstork (Name of Corporation as currently	of Tonovoxio filed with the Florida Dept, of Si		RY OF STATE SEE, FLORIDA
P110000	7 90 210	_	•
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this <i>Florida Profit Co</i>	rporation adopts the following a	amendment(s) to
A. If amending name, enter the new name of the	corporation:		
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	p," "Inc," or "Co". A professio	or "incorporated" or the abb	The new reviation ntain the
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD		A .	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u> _ \	A	
D. If amending the registered agent and/or registered agent and/or the new registered		<u>iter the name of the</u>	
Name of New Registered Agent 2	IPFIELS C II SW 31 (Florida street address)	Michael Steet	
New Registered Office Address:	City)	Florida	33313

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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:

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.

Wirke Jones, v as Kem	ove, ana sany smiin	, by as an Aaa.			
Example: X Change	PT John D	<u>loe</u>			
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>			•
X Add	SV Sally S	<u>Smith</u>			
Type of Action (Check One)	<u>Title</u>	Name		Address	
1) Change Add Remove	Pres	Grant B	?uggeman	Et. Laud, 1	
2) Change	Pres	Valerie !	L'S Micha		<u>.</u> u 31 Si <u>-</u> 1a.
Remove					3312
3) Change Add					_
Remove 4) Change					_
Add Remove					-
5) Change				-	_
Remove					_
6) Change				VII.	_ _
Remove					

		additional Artic i, if necessary).		<u>te(s) here</u> :		
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. <u>If an ame</u>	ndment provi	des for an excha	nge, reclassific	ation, or cancell	ation of issued sha	ires,
<u>provisio</u> j (if no	ns for implem ot applicable, i	enting the amen	dment if not co	ntained in the ar	nendment itself:	
(1)						
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· · · · · · · · · · · · · · · · · · ·						

, , ,			APPROVEL
The date of each amendment(s) adoption: date this document was signed. Effective date if applicable:	NA 10 - 9 - 13 (no more than 90 days after am	SECRE I FALLAHA endment file date)	FILE Other than the 7 15 PM 1:49 ARY OF STATE SSEE, FLORIDA
Adoption of Amendment(s) (CHE	CK ONE)		CLORIDA
The amendment(s) was/were adopted by the shappy by the shareholders was/were sufficient for app		es cast for the amendment(s)	
The amendment(s) was/were approved by the s must be separately provided for each voting gr			t
"The number of votes cast for the amenda	ment(s) was/were sufficient for	approval	
by(voting			
(voting	g group)		
The amendment(s) was/were adopted by the boaction was not required.	pard of directors without shareho	older action and shareholder	
The amendment(s) was/were adopted by the ine action was not required.	corporators without shareholder	action and shareholder	
Dated October	9 2013		
Signature <u>Jalorez</u> (By a director, preside	ent or other officer – if directors porator – if in the hands of a rec by that fiduciary)		
Vale	(Typed or printed name of	michael person signing)	
<u>-</u>	resident (Title of person sig	ning)	