P12000075214

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Tazman Turbinz, li	nc.	•		
DOCUMENT NUN	IBER: P12000075214				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Cheryl A. Young				
		Name of Contact Persor)		
	Lightning Master Corporation	n			
	 _	Firm/ Company			
	2100 Palmetto Street, Suite A				
	· · · · · · · · · · · · · · · · · · ·	Address			
	Clearwater, FL 33765				
		City/ State and Zip Code	2		
	accounting@lightningmaster.	com			
	- - - •	sed for future annual report	notification)		
For further informati Cheryl Young	on concerning this matter, pleas	se call: at (⁷²⁷	447-6800		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
☐ \$35 Filing Fee	■ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	ailing Address		Address		
	Amendment Section Amendment Section				
Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee		•			
Tallahassee FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Tamzn Turbinz, Inc.

	of Corporation as curre	ntly filed with the Florida De	pt. of State)	202
P12000075214			r c	- S
	(Document Numbe	r of Corporation (if known)		EP -
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation	adopts the following and	Rend Rend
A. If amending name, enter the new n	ame of the corporation:		ะ Loaida	STATE -
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc." or "Co".	A professional corporation		
B. Enter new principal office address,	if applicable:			
(Principal office address MUST BE A S				
				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				
(maning dauress MAT DE A 1 031	OTTICE BOX)			
D. If amending the registered agent at new registered agent and/or the ne			ame of the	
new registered agent and/or the ne	Bruce A. Kaiser	.33.		
Name of New Registered Agent				
	2100 Palmetto St			
	<i>tFlorida</i>	street address)		
New Registered Office Address:	Clearwater		. Florida 33765	
ren registerea egnee maareas.		(City)		·)
New Registered Agent's Signature, if c I hereby accept the appointment as regis			ons of the position.	
	77			
	hur hum			
		n		
	Signature of New	Registered Agent, if changing	:	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	T	Pamela A. Buckingham	2100 Palmetto St., Suite A
Add			Clearwater, Fl 33765
X Remove			
2) Change	T	Bruce A. Kaiser	2100 Palmetto St., Suite A
X Add			Clearwater, FL 33765
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

reach manning meets, y meets my	rticles, enter change(s) here: (Be specific)
	1
If an amendment provides for an ex	xchange, reclassification, or cancellation of issued shares,
provisions for implementing the an	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

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The date of each amendment(s) date this document was signed.	adoption:	•	if oth	er than	the
Effective date if applicable:	(no more than 90 days after amendment file date)			_	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will no	t be li	sted as	the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)				
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action	and sha	ireholo	ler	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.				
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):	t			
"The number of votes ca	st for the amendment(s) was/were sufficient for approval				
by	(voting group)				
	(voting group)	F SE	202		
9/7/21 Dated		GRETA	2021 SEP 10	-17	
Signature	The Muni	RY OF	H9 01	ILED	;
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	STATE	H 6: 1.)	:
	Bruce A. Kaiser	➣	7		<i>;</i>
	(Typed or printed name of person signing)			_	
	President, Secretary				
	(Title of person signing)				

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