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COVER LETTER

TO: Amendment Section Division of Corporations

AME OF CORPORATION: TD IND VENICE INC.
DCUMENT NUMBER: P23000052378
se enclosed Articles of Amendment and fee are submitted for filing.
ease return all correspondence concerning this matter to the following:
Name of Contact Person SENIOR MANAGEMENT ADVISORS /2C Firm/ Company 13770 5BTH ST. N. SUITE 3/2 Address CLEARWATER, FL 33760 City/ State and Zip Code IBARNES @ SMA SERVICES - NET E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
r further information concerning this matter, please call:
Name of Contact Person at (727) 726-3980 x 90323 Area Code & Daytime Telephone Number
closed is a cheek for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation of

TD MD 6	ENICE MC.	
(Name of Corporation	on as currently filed with the Florida Dept. of State	1:1:15
	052378	
(Docun	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the co		
TG IND VE	SILE ISC. orporation, "company," or "incorporated" or the abb	The nave
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc.," "chartered," "professional association," or the abbre	or "Co". A professional corporation name must	reviation "Corp.," contain the word
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>	EDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:	
Name of New Registered Agent	NA	
	(Florida street address)	_ _
New Registered Office Address:	, Florida	
	(City)	(Zip Cede)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	vistered Agent: I am familiar with and accept the obligations of the po	sition.
Signe	ature 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, Example:

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		<u> </u>	
Add			
Remove			
2) Change		- -	
Add			
Remove 3) Change	h-		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u> </u>		
Add			
Remove			

(Attach addit)	or adding additional ional sheets, if necessar	ry). (Be specific)	inge(s) nere:			
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16			_			
provisions 1	ment provides for an of for implementing the s	<u>exchange, reclassi</u> amendment if not	lication, or cance	llation of issued s	shares, r.	
(if not a	pplicable, indicate N/A	1)	conjunct in the	amendment itser	<u>l</u>	
-			·			_
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	4					
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The date of each amendment(s) a date this document was signed.	doption: <u>July 13, 202</u> ,	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after am	endment file date)
Note: If the date inserted in this bedocument's effective date on the D	lock does not meet the applicable statutory partment of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directo	ors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	pted by the shareholders. The number of vol fficient for approval.	ses east for the amendment(s)
☐ The amendment(s) was/were ap must be separately provided for	roved by the shareholders through voting gro each voting group entitled to vote separately	oups. The following statement on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for	: approval
by		."
	(voting group)	
Signature(By a d	rector, president or other officer – if director l. by an incorporator – if in the hands of a rected fiduciary by that fiduciary)	s or officers have not been reiver, trustee, or other court
	TIMOTHY R BARA (Typed or printed name of person	signing)
	/NCORPORATOR	
	(Title of person signing)	