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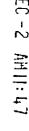
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JAH (c)



COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Connie Strickland 6570 S.W. 47th Court Address Davie, FL 33314 City/ State and Zip Code tupleraccounting@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Connie Strickland 954 583-0801 Ext.212

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & **☑\$**52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address **Street Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

to

Articles of Incorporation

Tipoloc	Tables	Inc. No. 2				
Name of		ently filed with the Florid	a Dent of State)		
(<u>ivaine of t</u>			a Dept. Of Otate	,		
	Document Number	r of Corporation (if know				
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, tl	ms Florida Profit Corpora	<i>ition</i> adopts the f	ollowing	amend	ment(s) to
A. If amending name, enter the new nam	e of the corporation:	N/A				
						lew
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," o	r "Co". A professional c				
B. Enter new principal office address, if a	unnlicable:	N/A				
(Principal office address MUST BE A STR		1				_
						-
				-	<u> </u>	-
C. Enter new mailing address, if applicable:		N / A		`	DEC	() <u> </u>
(Mailing address MAY BE A POST OF	FICE BOX				- 6 -	_ · · · ·
				·	_ _	
		<u></u>		· .	=	وَّيْنَا)
D. If amending the registered agent and/o new registered agent and/or the new r			he name of the	tu :	47	
Name of New Registered Agent	N/A					
-	(Florida	street address)	- -			
New Registered Office Address:	N/A		Elorido			
rea regimer in oppose numero.		(City)	, Florida	(Zip Co	de)	-
Now Project and America Signature if the						
New Registered Agent's Signature, if char I hereby accept the appointment as registere	iging Registered Age d agent. I am familia	nt: ir with and accept the obli _s	gations of the po	sition.		
	N / A					
		Registered Agent, if chan	ging			
	-		_			

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> <u>Jol</u>	hn Doc	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change	V D	Austin W. Tupler	6570 S.W. 47 Ct.,
Add X_ Remove			Davie, FL 33314
2) X Change	PSTD	Glen Tupler	6570 S.W. 47 Ct.
Add			Navie, FL 33314
Remove			
3) Change		(Maic Tupler V)	
Add		stays the same)	
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares. N / A rowisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		eets, if necessary). ((Be specific)	<u>re</u> : N/A	
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	(if not applicabl	le, indicate N/A)			
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The date of each amendment(s) adoption:	, if other than the
•	
Effective date <u>if applicable</u> :	dment file date)
Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes c by the shareholders was/were sufficient for approval.	east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups must be separately provided for each voting group entitled to vote separately on	
"The number of votes cast for the amendment(s) was/were sufficient for app	proval
by	.,,
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholde action was not required.	er action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder ac action was not required.	tion and shareholder
Dated11/14/19	
Signature	
(By a director, president or other officer – if directors or selected, by an incorporator – if in the hands of a receive appointed fiduciary by that fiduciary)	
GLEN TUPLER	
(Typed or printed name of person sign	ning)
President	
(Title of person signing)	