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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	TAGGARATH	MULTI	NATIONAL I	INC.
DOCUMENT NUMBER: F2	4000002999	<u> </u>		<u>—</u>
The enclosed Articles of Amendmen	and fee are submitted for	or filing.		
Please return all correspondence con	cerning this matter to the	following:		
TAGGAR - -	Name HTH MULTI FI 7955 NW ARGHTE F City/S multing hondin C ddress: (to be used for fut	NA TIONAL rm/ Company STH CT. Address L 33063 tate and Zip Code	INC . APT. 203	
For further information concerning t	his matter, please call:			
JUDE C. STIEU B Name of Contact Per	ABOOLAL son	_ at (<u>504</u>) _ Area Code &	Daytime Telephone I	Number
Enclosed is a check for the following	g amount made payable to	the Florida Departme	ent of State;	
S35 Filing Fee	cate of Status Certi	fied Copy (stional copy is (sed) (sed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corpo P.O. Box 6327 Tallahassee, FL 32	rations	The Centre	t Section Corporations of Tallahassee onroe Street, Suite	810

Articles of Amendment to Articles of Incorporation of

TAGGARATH MULTINATION (Name of Corporation as currently)	VAL INC.	
(Name of Corporation as currently	filed with the Florida Dept. of Stat	<u>c</u>)
F240000029	99	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation," "co". "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the ab professional corporation name mus	obreviation "Corp.," st contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	24,110V -8
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	型 0.5
new registered agent and/or the new registered office address:		¥**
Name of New Registered Agent	N/H	_
(Florida stree	ot addrace)	
New Registered Office Address:	N/A Florida	
(0	City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi		osition.
Signature of New Res	gistered Agent, if changing	
Englished to the second	America regional to commence	

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>	Name	<u>Addres</u> s
1) X Change	P	JUDE C. STIELL BABOOLAL	7955 NW STH.CT.
Add			APr. 203
Remove			MARGATE, FL 33063
2) Change	<u>vp</u>	GABRIEL SEEPERSAD	3930 NN 72ND DR.
X Add			CORIN SPRINGS
Remove 3) Change	5	RAJESH R. LALSINGH	FL 33065 1024 # ISLAND MANOR
X_ Add			DR.
Remove			GREENACKES,
4) Change			FL 33413
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

ttach additional sheets, if necessary). (Be spec	
	N/A
	
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an amendment provides for an exchange, rec	classification, or cancellation of issued shares,
provisions for implementing the amendment if	if not contained in the amendment usen:
(if not applicable, indicate N/A)	11/4
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The date of each amendment(s) ac date this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days afu	er amendment file date)
Note: If the date inserted in this b document's effective date on the De		tory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of d	irectors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number officient for approval.	of votes cast for the amendment(s)
	roved by the shareholders through votir each voting group entitled to vote separ	
"The number of votes cast	for the amendment(s) was/were sufficie	nt for approval
by	(voting group)	·.
	(voting group)	
(By a di selected	rector, president or other officer – if dir l, by an incorporator – if in the hands of ed fiduciary by that fiduciary)	ectors or officers have not been
	TUDE C. S (Typed or printed name of p	71EU BABOOLAL erson signing)
	PRESIDENT	•
	(Title of person signing)	