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C. GOLDEN

DEC - 7 2019

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: TIANAS TEA INC
DOCUMENT NUMBER: <u>N/9000 //297</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tiana Marshall
(Name of Contact Person)
liana's lea Inc
(Firm/ Company)
121065 Matwood Greek Dr.
(Address)
(n. bsonton, 12 33534)
(City/ State and Zip Code)
tranastra amail com (tianastra e amail con
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
[[ana Marshall at 813-270-5755
(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:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status (Certified Copy (Additional Copy is Enclosed)

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

Articles of Amendment

Articl	es of Incorporation	
Ti 1x to	of 1	* * * *
11anas 1ea	Inc.	<u> </u>
(Name of Corporation as curre	ently filed with the Florida	Dept. of State)
<u> </u>	11297	
(Document Num	iber of Corporation (if know	vn)
Pursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	ites, this Florida Not For F	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation: N/A	
	•	The new
name must be distinguishable and contain the word "corpor" "Company" or "Co," may not be used in the name.	ration" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u> .	<u>N/A</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered of	ffice address in Florida, en	nter the name of the
<u>Name of New Registered Agent:</u>	N/A	
	(Flor	da street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept th	e obligations of the position.
	Signature of New Register	red 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.

Example: X Change X Remove	PT John D V Mike J		
$\frac{\underline{}}{\underline{X}}$ Add	V Mike J SV Sally S		
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<i></i>	Laytega Mckinney	1 7701 Silver Lace Cf Tampa, FZ 33619
Add		,	(ampa, FZ 33619
Remove			* just remove 1, it's duplicate
2) Change	<u>D.</u>	Michelle Gruess	3903 & OSBARNE AVE TUMPA, FL 33610
Add			14MPA, FL 336/0
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<u> </u>
5) Change			
_			
Add			
Remove			
6) Change			
Add			
Remove			

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The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date if applicable: // / / / / / / / / / / / / / / / / /	
(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does not meet the applicable statutory filing recolumnt's effective date on the Department of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of votes ca was/were sufficient for approval.	st for the amendment(s)
There are no members or members entitled to vote on the amendment(s). The am adopted by the board of directors.	endment(s) was/were
Dated	
Signature Jum Mashul	
(By the chairman or vice chairman of the board, president or of have not been selected, by an incorporator – if in the hands of other court appointed fiduciary by that fiduciary)	
Tiana Marshall (Typed or printed name of persons	
(1 yped or printed name of person s	igning)
President	<u></u>
(Title of person signing)