# P01000049690

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	
PICK-UP		
(Bu	siness Entity Nan	ne)
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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I.

### COVER LETTER

TO: Amendment Section Division of Corporations

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ampa enco NAME OF CORPORATION: DOCUMENT NUMBER: <u>FOLOOD'D 496</u>

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

<u>27</u>) <u>471 - 01675</u> Area Code & Daytime Telephone Number The at ( 🚽 Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

□S43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (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 <u>Street Address</u> 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	
Tampa Bai Temps, Inc.	
(Name of Corporation as currently filed with the Florida Dep	t. of State)
PO1000049690	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> at ts Articles of Incorporation:	dopts the following amendment(
<ol> <li>If amending name, enter the new name of the corporation:</li> </ol>	
name must be distinguishable and contain the word "corporation," "company," or "incorporated"	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation n "chartered," "professional association," or the abbreviation "P.A."	'or the abbreviation "Corp.," name-must-contain-the-word
B. <u>Enter new principal office address, if applicable:</u> N/A (Principal office address <u>MUST_BE A STREET ADDRESS</u> )	
$\Box$ , chief new maning address, it applicable. $\mathbf{x} \in [A]$	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )N/ <u>P</u>	me of the
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )          D. If amending the registered agent and/or registered office address in Florida, enter the na new registered agent and/or the new registered office address:	me of the
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )N/ <u>P</u>	me of the
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(Mailling address MAY BE A POST OFFICE BOX)       N/A         (Mailling address MAY BE A POST OFFICE BOX)       N/A         (Mailling address MAY BE A POST OFFICE BOX)       N/A         (If amending the registered agent and/or registered office address in Florida, enter the na         new registered agent and/or the new registered office address:         Name of New Registered Agent         (Florida street address)         (Florida street address)         New Registered Office Address:         New Registered Agent's Signature, if changing Registered Agent:	_, Florida( <i>Zip Code)</i>
(Mailing address MAY BE A POST OFFICE BOX)       N/A         D. If amending the registered agent and/or registered office address in Florida, enter the na         new registered agent and/or the new registered office address:         Name of New Registered Agent         (Florida street address)         New Registered Office Address:         New Registered Office Address:         New Registered Office Address:         New Registered Agent's Signature, if changing Registered Agent:	_, Florida ( <i>Zip Code</i> )
(Mailing address MAY BE A POST OFFICE BOX)       N/A         D. If amending the registered agent and/or registered office address in Florida, enter the na         new registered agent and/or the new registered office address:         Name of New Registered Agent         (Florida street address)         New Registered Office Address:         New Registered Office Address:         New Registered Office Address:         New Registered Agent's Signature, if changing Registered Agent:	_, Florida ( <i>Zip Code</i> )
(Mailing address MAY BE A POST OFFICE BOX)       N/A         D. If amending the registered agent and/or registered office address in Florida, enter the nanew registered agent and/or the new registered office address:         Name of New Registered Agent       N/A         (Florida street address)         New Registered Office Address:         New Registered Office Address:         New Registered Office Address:         New Registered Office Address:         New Registered Agent's Signature, if changing Registered Agent:         (Florida street address)         New Registered Agent's Signature, if changing Registered Agent:         (hereby accept the appointment as registered agent. 1 am familiar with and accept the obligation	_, Florida( <i>Zip Code)</i>
(Mailing address MAY BE A POST OFFICE BOX)       N/A         If amending the registered agent and/or registered office address in Florida, enter the na         new registered agent and/or the new registered office address:         Name of New Registered Agent         (Florida street address)         (Florida street address)         New Registered Office Address:         New Registered Office Address:         New Registered Agent's Signature, if changing Registered Agent:	_, Florida (Zip Code)
D. If amending the registered agent and/or registered office address in Florida, enter the na new registered agent and/or the new registered office address: Name of New Registered Agent	_, Florida ( <i>Zip Code</i> )
(Mailing address MAY BE A POST OFFICE BOX)	_, Florida (Zip Code) ns of the position.

## 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:

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(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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

### Example:

<u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	<u>Mike Jones</u>	
<u>X</u> Add	<u>SV</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Title	Name	Address
1) Change	5	_ Jarved I. Boilropolt.	<u>ser 10068 2nd Ave N</u> <u>St Petersburg</u> , FL
_X Add		$\cup$	St Petersburg, FL
Remove			33710, 115
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
57 Change			
Add			
Remove			
6) Change			
Add			
Remove			

# E. If amending or adding additional Articles, enter change(s) here:

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N/A	
/	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: $(e/22/202)$ date this document was signed.	_, if other than the
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK_ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and s action was not required.	hareholder
□ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
□ The amendment(s) was/were approved by the shareholders through voting groups. <i>The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):</i>	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	202
by	1021 JUL 12
Dated $7 - 2 - 2021$	12
Signature <u>Salue W. Boun Julip</u> (By a director, president or other officer - if directors or officers have not been	PH 2
selected, by an incorporator – if in the hands of a receiver, trustee, or other court – appointed fiduciary by that fiduciary)	30
(Typed or printed name of person signing)	
President	
(Title of person signing)	