

P02000053253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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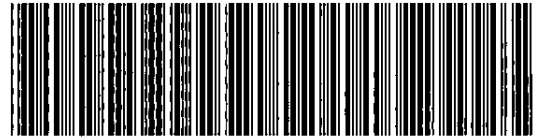
(Business Entity Name)

(Document Number)

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*Anne*

*Electronic Date*  
*12-1-10*

**FILED**  
10 NOV 16 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** TD SERVICES CORP

**DOCUMENT NUMBER:** P02000053253

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

Please return all correspondence concerning this matter to the following:

ROBERTO G. TOMAS

Name of Contact Person

TD SERVICES CORP

Firm/ Company

785 NW 37 AVENUE

Address

MIAMI, FL. 33125

City/ State and Zip Code

RTOMAS@TDSERVICESCORG.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERTO G. TOMAS

Name of Contact Person

at ( 305 )

400-4977

Area Code & Daytime Telephone Number

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

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$52.50 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  
to  
Articles of Incorporation  
of

12-1-60

TD SERVICES CORP,

(Name of Corporation as currently filed with the Florida Dept. of State)

P02000053253

(Document Number of Corporation (if known))

FILED  
10 NOV 16 AM 9:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

\_\_\_\_\_ The new  
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the  
abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation  
name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_ (Florida street address)

\_\_\_\_\_, Florida  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P/D</u>	<u>JUAN M TOMAS</u>	<u>4506 SW 131 AVE</u> <u>MIAMI FL 33175</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>V/D</u>	<u>JUAN M TOMAS</u>	<u>4506 SW 131 AVE</u> <u>MIAMI FL 33175</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P/D</u>	<u>ROBERTO G. TOMAS</u>	<u>4506 SW 131 AVE</u> <u>MIAMI FL 33175</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

- E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

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- 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)

100 SHARES OF TD SERVICES CORP ARE TRANSFERED FROM JUAN M TOMAS  
TO ROBERTO G TOMAS AT \$1.00 PAR VALUE.

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The date of each amendment(s) adoption: NOVEMBER 10, 2010

Effective date if applicable: DECEMBER 1, 2010 (date of adoption is required)  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

☐ 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. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated NOVEMBER 10, 2010

Signature \_\_\_\_\_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ROBERTO G TOMAS

(Typed or printed name of person signing)

PRESIDENT/DIRECTOR

(Title of person signing)