P03000039510

(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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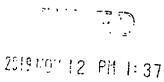
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TSSF, INC		
DOCUMENT NUM	P03000039510		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Barbara Diiorio		
		Name of Contact Person	n
	TSSF, INC		
		Firm/ Company	
	9127 Justine Drive		
		Address	
	Weeki Wachee, FL 34613		
		City/ State and Zip Cod	ů
arplr	e@arplnet.com		
	- ,	ed for future annual report	notification)
For further information	on concerning this matter, please	e cali:	
Barbara Diiorio		727 at (869-7819
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	ayable to the Florida Depa	ariment 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



TSSF, INC

(Name o	of Corporation as curre	ntly filed with the Florid	da Dept. of State)
P03000039510			
	(Document Number	of Corporation (if know	n)
Pursuant to the provisions of section 607, is Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corpor	ation adopts the following amendment(s)
A. If amending name, enter the new na	ime of the corporation:		
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional	The new incorporated" or the abbreviation corporation name must contain the
B. <u>Enter new principal office address,</u> Principal office address <u>MUST BE A S</u>	if applicable:		
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST C</u>		~/A	
D. If amending the registered agent an			the name of the
new registered agent and/or the new Name of New Registered Agent	<u>v registered office addri</u> Barbara Diiorio	<u> </u>	
Name of New Registered Agent	9127 Justine Drive		
	(Florida	street address)	
New Registered Office Address:	Weeki Wachee		, Florida_34613
		(City)	(Zip Code)
New Registered Agent's Signature, if cl hereby accept the appointment as regista	hanging Registered Age ered ogent. I am familio	<u>nt:</u>	

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)

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 De	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
I) Change	VP	_	Dorn Contursi	9127 Justine Drive
Add				Weeki Wachee, FL 34613
X Remove				
2) Change		_	· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change	_	_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add	_	_		
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
V = - 11	
· · · · · · · · · · · · · · · · · · ·	
	
f an amendment provides for an each	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame:	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	
	<u> </u>
	<u> </u>
	·

The date of each amendment date this document was signed	
·	11/04/2019
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes east for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement and 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/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required. 11/04 Dated Signature	re adopted by the incorporators without shareholder action and shareholder
GB Se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	BARBARA DIIORIO
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)