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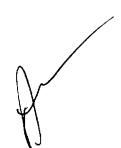


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SECRETARY 29 P 3 24

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: TGM Holdings Inc	:		
DOCUMENT NUME	BER:			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Tony Angella			
	<del></del>	Name of Contact Person		
	TGM Holdings Inc			
		Firm/ Company	<u>_</u>	
	6099 Stirling Road #214			
	Address			
	Davie, FL 33314			
		City/ State and Zip Cod	e	
tome	⊉kingskamp.com			
		sed for future annual report	notification)	
		-r	,	
For further information	n concerning this matter, pleas	se call:		
Tony Angella		at (	533-5563	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	ertment of State:	
S35 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		Street	Address	
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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( <u>Name of Corporati</u>	ion as currently filed with the Florida beof of State)
P04000058410	SECRETARY OF STATE
(Docum	SECRE FRAY OF STATE SECRETARY OF STATE MENT Number of Corporation (if known) AFE AHASSES, FLORICA
Pursuant to the provisions of section 607,1006. Floridate Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(
a. If amending name, enter the new name of the co	orporation:
	The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADI</u>	
Enter new mailing address, if applicable:	Mr.
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>
	red office address in Florida, enter the name of the
<ol> <li>If amending the registered agent and/or registe new registered agent and/or the new registered</li> </ol>	office address:
	office address:
new registered agent and/or the new registered	office address:
new registered agent and/or the new registered	office address:  (Florida street address)
new registered agent and/or the new registered	

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:

 $P \sim President; \ V \quad Vice \ President; \ T = Treasurer; \ S \quad Secretary; \ D \quad Director; \ TR \quad Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO - Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.$ 

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.

X Change	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	like Jones	
X Add	<u>SV</u> <u>S</u>	nlly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	P	Tony Angella	6099 Stirting Road
Add			#214
Remove			Davie, FL 33314
2) Change	S	Maria Wharton	6099 Stirling Road
Add			#214
Remove			Davie, FL 33314
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach weldition	dding additional Articles, enter chang sheets, if necessary). (Be specific)	Story acces.
Auaen <i>aaannona</i>	sneets, if necessary). (be specific)	
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		<del></del>
		<del>_</del>
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	•	
		<del></del>
<u>it an amendmer</u>	provides for an exchange, reclassifica	ation, or cancellation of issued shares,
provisions for i	nplementing the amendment if not cor vable, indicate N/A)	ntained in the amendment itsen:
уу погаруг	ame, marcate NA)	
		<del></del>
		<del>-</del>
		<del>_</del>

The date of each amendment(s) adoption	on:	, if other than the
date this document was signed.		
5/25/18 Effective date <u>if applicable</u> :		
<u></u>	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block document's effective date on the Departn	does not meet the applicable statutory filing requirements, this tent of State's records.	s date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes east for the amendment for approval.	ent(s)
	I by the shareholders through voting groups. The following stat voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for th	e amendment(s) was/were sufficient for approval	
hy	<u>,"</u>	
•	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	older
Dated 5 25  Signature (By a director selected, by appointed fice	by the incorporators without shareholder action and shareholder  18  17  18  17  17  17  18  18  19  19  19  19  19  19  19  19	een
Tony	y Angella	
	(Typed or printed name of person signing)	
Presi	ident	
	(Title of person signing)	