P04000162049

| (Requestor's Name) | |
|---|-------------|
| (Address) | 400376 |
| (Address) | |
| (City/State/Zip/Phone #) | 11/22/21 |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations

| NAME OF CORPORATION: TCDF BUILDEYS, COVP | | | | |
|--|--|--|--|--|
| DOCUMENT NUMBER: | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Name of Contact Person TO STE BUILDERS (11:00) | | | | |
| Firm/ Company Address | | | | |
| Address MidMi PJ 99/83 City/ State and Zip Code | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Antonio Chaljub a. 305, 746-1717 | | | | |
| 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: | | | | |
| \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | | | |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810 | | | | |

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation

10

| (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the folloits Articles of Incorporation: | owing amendment(s |
|--|-------------------|
| 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 abbrev "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must co "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) | 7021: |
| | 22 FEE |
| 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: | F11/12: 4-9 |
| Name of New Registered Agent | |
| (Florida street address) | |
| New Registered Office Address:, Florida | CE - C - L A |
| 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 positions of the posit | ion. |
| Check if applicable | |

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 = Chie, 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> | John Doe | |
|----------------------------|--------------|-----------------|------------------|
| X Remove | <u>v</u> | Mike Jones | |
| _X Add | <u>\$V</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | ND | Bratriz Chaljuh | 19501 SW 71 Lare |
| Add Remove | 1 | | Miami, FL 3319.3 |
| 2) Change | | | |
| Add Remove | | | |
| 3) Change Add | | _ | |
| Remove 4) Change | | | |
| Add | | | |
| Remove .5) Change | | | |
| Add | | | |
| Remove | | | |
| Add Remove | | | |

| Attach additional sheets, if necessary). | (Be specific) | |
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| an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A) | nge, reclassification, or cancellation of is dment if not contained in the amendmen | ssued shares, at itself: |
| | | • |
| | | |
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| | | |
| | | |

| The date of each amendment(s) adoption: date this document was signed. | , if other than the |
|--|--|
| Effective date if applicable: | |
| (no more than 90 days afte | r amendment file date) |
| Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records. | ory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the incorporators, or board of di action was not required. | rectors without shareholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval. | f votes cast for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately. | |
| "The number of votes cast for the amendment(s) was/were sufficien | t for approval |
| by | |
| Signature (By a director, president or other officer – if directed, by an incorporator – if in the hands of appointed fiduciary by that fiduciary) | |
| Antonio Cha | <u>jub</u> |
| (Typed or printed name of pe | rson signing) |
| <u> Irresiden</u> | <u> </u> |
| (Title of person signing) | |