## P09000010831

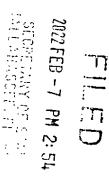
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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: \_\_\_\_ TWS OF FLORIDA, INC DOCUMENT NUMBER: P09000010831 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NADIA HIPOLITA Name of Contact Person BUSINESSROCKET, INC. Firm/ Company 15442 VENTURA BLVD STE 101 Address SHERMAN OAKS, CA 91403 City/ State and Zip Code DOCS@BUSINESSROCKET.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NADIA HIPOLITA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

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

FILED

2022 FEB -7 PH 2:54 TWS OF FLORIDA, INC (Name of Corporation as currently filed with the Florida Dept. of State) ARY OF STATE TALL ARASSES, FOR A P09000010831 (Document Number of Corporation (if known) 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: 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

| 1508 | QKota five 5 |
| (Florida street address)
| New Registered Office Address: | LaKeland | Florida | 33803 |
| (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)

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 PT John Doe X Remove Mike Jones <u>SV</u> X Add Sally Smith Address Title Name Type of Action (Check One) 1508 DAKOTA AVE S OMAR PRESTON P. S. T 1) \_\_\_\_ Change 715 W 14TH STREET \_ Add \_\_\_\_ Remove **RASHUN PRESTON** 715 W 14TH STREET PVP 2) \_\_\_\_ Change 715 W 14TH STREET Add Remove Change \_\_\_\_ Add \_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add Remove 5) \_\_\_\_ Change \_\_\_\_ Add Remove 6) \_\_\_\_ Change

mending or adding additional Arti ach additional sheets, if necessary).	(Be specific)		
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an amendment provides for an exc covisions for implementing the ame	ndment if not contained in t	he amendment itself.	1 6 31
(if not applicable, indicate N/A)	adment in not contained in t	ine differential traces.	
(y not applicable, materic 1991)			

The date of each amendment(s) as	12/21/2021 loption:	, if other than the
date this document was signed.		,
	1/2021	
Enective date in applicable.	(no more than 90 days after amendmen	nt file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing r partment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast flicient for approval.	for the amendment(s)
	roved by the shareholders through voting groups. I each voting group entitled to vote separately on the	
	for the amendment(s) was/were sufficient for appro-	
by		."
,	(voting group)	_
12/21/2021 Dated		
Signature <u>Lo</u>	chun Preston	
(By'a di selecte	rector, president or other officer – if directors or off i, by an incorporator – if in the hands of a receiver, the fiduciary by that fiduciary)	icers have not been trustee, or other court
	RASHUN PRESTON	
	(Typed or printed name of person signing	g)
	PRESIDENT	
	(Title of person signing)	