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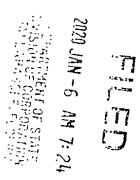
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JAN 31 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $\frac{T_i}{T_i}$	AMPA MULTISE	RVICES, INC			
	0020146				
The enclosed Articles of Amendme	ent and fee are sub	omitted for filing.			
Please return all correspondence co	oncerning this mat	ter to the following:			
	ANA	A M LEON GOMEZ			
	_	Name of Contact Perso	n		
TAMPA MULTISERVICES, INC					
·	Firm/ Company				
	2722 W TAMPA BAY BLVD				
	Address				
	TAMPA, FL 33607				
	City/ State and Zip Code				
	TAMPAMULT	ISERVICES@HOTMAI	L.COM		
E-mail	address: (to be use	ed for future annual repor	t notification)		
For further information concerning ANA M LEON GOME	-	e call: at (374-2145		
Name of Contact Person		at (Area Co	ode & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
•	75 Filing Fee & ficate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Addres Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations	Amen Divisi The C 2415	t Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		

Articles of Amendment to Articles of Incorporation of

TAMPA MULTISERVICES, INC

(Name o	of Corporation as curren	tly filed with the Florida Dept. of Sta	<u>te</u>)	
	P10000020146			
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the	following amendme	:nt(s) to
A. If amending name, enter the new n	ame of the corporation:			
TAMPA MULTISERVICE, INC			The new	·
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation name mu	bbreviation "Corp' st contain the word	!
		2722 W TAMPA BAY BLVD		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		TAMPA, FL 33607	7020	se visit
			AR AN	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2722 W TAMPA BAY BLVD	F CORP	
		TAMPA, FL 33607	TOTAL STALL	
D. If amending the registered agent ar new registered agent and/or the ne	nd/or registered office ad w registered office addre	dress in Florida, enter the name of th	<u>c</u>	
Name of New Registered Agent	N/A			
Name of New Registered Agent				
	(Florida s	street address)		
	N/A		•	
New Registered Office Address:		(City), Florid	a (Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis	hanging Registered Age tered agent. I am familia	nt: r 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.

<u>PT</u>	John Doe		
<u>v</u>	Mike Jones		
<u>\$V</u>	Sally Smith		
<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
		 	
-			
			
Page 2 of 4			
E. If amending or adding additional Articles, enter change(s) here:			
ets, if ne	cessary). (Be specific)		
	V SV Title	V Mike Jones SV Sally Smith Title Name	

		
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		<u>.</u>
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E. If an amandment provides for an excha	nge reclassification or cancellation of issued shares.	
provisions for implementing the amen (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:	
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provisions for implementing the amen (if not applicable, indicate N/A) N/A	Page 3 of 4	, if other than the
provisions for implementing the amen (if not applicable, indicate N/A) N/A	dment if not contained in the amendment itself:	, if other than the
provisions for implementing the amen (if not applicable, indicate N/A) N/A The date of each amendment(s) adoption:	Page 3 of 4	, if other than the

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff		The number of votes east for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders ach voting group entitle	s through voting groups. The following statement d to vote separately on the amendment(s):
"The number of votes east fo	or the amendment(s) was	s/were sufficient for approval
by	(voting group)	
	(voting group)	
action was not required. The amendment(s) was/were adop action was not required. Dated	ted by the incorporators 23 20 10 ector, president of other by an incorporator – if	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court
appointed	d fiduciary by that fiduc	iary)
	ANA M	I LEON GOMEZ
_	(Typed or prir	nted name of person signing)
	P	RESIDENT
(Title of person signing)	