

P10000099322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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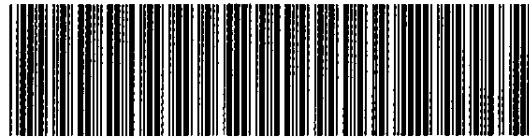
(Business Entity Name)

(Document Number)

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2011 SEP 15 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TBrawn 9-16-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TSL Tigers, Inc.

DOCUMENT NUMBER: P10000099322

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

My Kristy Truong
Name of Contact Person

TSL Tigers, Inc.
Firm/ Company

2279 NEW PORT ISLES BLVD
Address

PORT ST LUCIE FL 34953 US
City/ State and Zip Code

mkristyt22@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

My Kristy Truong at (772) 812-7252
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:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

TSL Tigers, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000099322

(Document Number of Corporation (if known))

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TALLAHASSEE, FLORIDA

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:

_____The new
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:

TRUONG, MY KRISTY

New Registered Office Address:

2279 SW NEWPORT ISLES BLVD

(Florida street address)

PORT ST LUCIE

(City)

Florida 34953

(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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
D	Le, Cong	2279 NEW PORT ISLES BLVD PT ST LUCIE FL 34953 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	Truong, My Kristy	2279 NEW PORT ISLES BLVD PT ST LUCIE FL 34953 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	Ho, Nga	10789 SW TRADITION SQUARE PT ST LUCIE FL 34987 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Add additional officer:

Title: D

Name: LY, ANTHONY R

Address: 10789 SW TRADITION SQUARE

PT ST LUCIE FL 34987 US

Type of Action: Add

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 09/09/2011

(date of adoption is required)

Effective date if applicable:

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 09/09/2011

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

My Kristy Truong

(Typed or printed name of person signing)

President

(Title of person signing)