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(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
No.		

Office Use Only



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OF STATE RPORATIONS

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: TCM Development

D11100026828 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ICM Development Fund 18350 NW 2nd Ave Apt 308 Miami, F/ 33169 ccrafta Tomdevelopmentfund. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cornelius Craft

at (786) 859-1588

Area Code & Daytime Telephone Number 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 Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations**

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

to

Articles of Incorporation

Florida Dept. of State) (if known) this Florida Profit Corporation as	dopts the follow
Florida Dept. of State) (if known)	
(if known)	
(if known)	dopts the follow
this Florida Profit Corporation a	dopts the follow
	The new
" "Inc," or "Co". A professional	
same	
same	
<u>s:</u>	f the
treet address)	
, Florida	
(Zip Code)	
with and accept the obligations of	the position.

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>	Name .	Address	Type of Action
<u>VP</u>	Jim Beauvais	1801 NW 183 St Migmi, F/ 33056	_
			-
*****			_ □ Add _ □ Remove
			_
			Remove
E. If amend	ding or adding additional Articles, ente	r change(s) here:	
(attach a	dditional sheets, if necessary). (Be spec	cific) C	
			
			· · · · · · · · · · · · · · · · · · ·
	P-9-1-19-1		·····
	nendment provides for an exchange, re		
	ons for implementing the amendment it of applicable, indicate N/A)	fnot contained in the amendment	<u>itself:</u>
	NA /50,	n e	

The date of each amendment(s) adoption: (date of adoption is required)				
Effective date <u>if applicable</u> :	(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/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.			
	re approved by the shareholders through voting groups. The following statement d 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)			
action was not required.	re adopted by the board of directors without shareholder action and shareholder			
action was not required.	re adopted by the incorporators without shareholder action and shareholder			
Dated	8/1/11 /on///			
Signature (By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)			
***	Cornelins Craft			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			