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(Re	equestor's Name)	· ·
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ECRETARY OF STATE LLAHASSEE, FLORIDA

FILED
2012 JUN 27 P 4: 14



## **COVER LETTER**

TO: Amendment Section - Division of Corporations NAME OF CORPORATION: Tand E Enterprises, Inc DOCUMENT NUMBER: \_\_P The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Tand E Enterprises, Inc Firm/Company 1874 SW Del Rio Blud Address Port St. Lucie, FL 34953
City/ State and Zip Code Tand Eenterprises 0908@ amail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Erim King
Name of Contact Person at (772) 344-6883

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 Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation

Name of Corporation as currently filed with the Flo	nc.
	orida Dept. of State)
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
<i>Ν/</i> β	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coverd "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent Erin King	
1874 SW Del (Florida stre	Rio Blud.
New Registered Office Address: P31 (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 v	with and accept the obligations of the saition
(mw M. ling)	AR E
Signature of New Registered A	Igent, if changing CRETARY OF STATE CHANASSEE, FLORE

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	<u>PT</u> <u>Jol</u>	hn Doe	
X Remove	<u>v</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	DT	Keith Vena	1151 Railside Way Winter Garden, FL 34187
2) Change Add Remove	I	Thomas King	1874 SW Del Rio Blud PSL., FL 34953
3) Change Add Remove	•		
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	<del></del>		

attach additional sheets, if necessary).	(Be specific)	
<u></u>		
		<del></del>
		-·· <del>··································</del>
If an amendment provides for an exchange provisions for implementing the ame	ange, reclassification, or cancellation idment if not contained in the amend:	
(if not applicable, indicate N/A)	issued to not contained in the amend.	neut teser.
The corporation w	ould like to issue	1590 of shares
f common stack to	Keith lleng of 1151 R	ailside Way in
inter Gardon, FL 3418		
th 45% of shares	and Erin King wit	th 40% of shar

The date of each amendment(s) adoption: 6/15/2012
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)
(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 6/15/2012
Signature Com H. Lina
(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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
V. President
(Title of person signing)