MODELETTI

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(Do	cument Number)	
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SECRETAGE FLORIDA
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EFFECTIVE DATE

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MAY 21 2018

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COVER LETTER

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person SW STONEGATE TER.
Address E City F1, 32024

City State and Zin Code MDARBY & TDFBI. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DARBY at (384) 867, 1543

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

Certified Copy

enclosed)

(Additional copy is

Mailing Address

TO: Amendment Section

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

Certificate of Status

Street Address

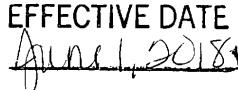
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of



TDFB INC.	. •	
(Name of Corporation as current)	y filed with the Florida Dept, of State)
P1300002	22701	
	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the f	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:	,	
	NA	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "(word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name	the abbreviation e must contain the
B. Enter new principal office address, if applicable:	N/A	7,08
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	,	超皇州
		音を
		19 × 1
C. Enter new mailing address, if applicable:	n//n	EF G T
(Mailing address MAY BE A POST OFFICE BOX)		
		5
		P
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		
	01/0	
Name of New Registered Agent	10/7	
	<u>N/A</u>	
(Florida str	eet adaress)	/ .
New Registered Office Address:	, Florida_	N/A
	(City)	(Zip Coae)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar v		osition.
	1	
n!	/A	
Signature of New R	Pegistered Agent, if changing	<u>.</u>

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: XChange	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) X Change	VP, D	JACOB C. Tillotson	343 5WSTINEGATE TEX
Add	,		343 5W STINEGATE TEX LAKE City FL. 32024
Remove			
2) Change	VP,5,D	Donner M. DARBY	1435WSTONEGATE TEA. LAKE CITY, FL 32024
Add Remove			LANE CITY, FL SCOCY
3) Change		***************************************	-
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

reach Balance in Action, if the constant y/.	(Be specific)
	n 1/a
	,
	······································
	
f an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an analysis of the amendment itself:
If an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date <u>if applicable</u> :	0/8 er amendment file date)
(no more than 90 days afte	er amendment file date)
Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number o by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were sufficien	nt for approval
by	
by(voting group)	· · · · · · · · · · · · · · · · · · ·
The amendment(s) was/were adopted by the board of directors without sh action was not required. The amendment(s) was/were adopted by the incorporators without shareh action was not required.	
Dated	
(By a director, president or other officer – if directed, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	
MICHAEL M	, DARBY
(Typed or printed name of pe	erson signing)
PARSION	w) -
(Title of person s	signing)