P14003553

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R. WHITE

Amend

COVER LETTER

TO: Amendment Section Division of Corporations TF Interprises, Inc NAME OF CORPORATION: P14000035553 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Gemma Duarte (Name of Contact Person) Intx Carrier Services, Inc. (Firm/ Company) 1719 W Sligh Ave (Address) Tampa, FI 33604 (City/ State and Zip Code) gemaduarteics@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) 805-8572 (Area Code & Daytime Telephone Number) Gemma Duarte (Name of Contact Person) 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)

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 FILED

14 MAY 12 FM 12: 06

SEGNED AT GREATAIE

TF Interprise, Inc		TALEAHASSEE, FLORIDA
(Name of Corporation as currently file	d with the Florida Dept. of State)	# ·
P14000035553		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of	the corporation:	
		The no
name must be distinguishable and contain the w "Company" or "Co." may not be used in the n	vord "corporation" or "inc <mark>orporate</mark> d <u>ame</u> .	
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
(Maining wanted MAT BEAT WIT VETT	LE BUX	
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D. If amending the registered agent and/or r new registered agent and/or the new regis		enter the name of the
HEM LESISTELED ASSULT BURNOL THE HEM LESIS	stered office audress:	
Name of New Registered Agent:		
·	(Florida street address)	
New Registered Office Address:	(r inridu zireei diidress)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing		
I hereby accept the appointment as registered a	gent. I am familiar with and accept	the obligations of the position.

Page 1 of 4

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.

Example: X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn Doc ke Jones ly Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u>VP</u> _	Mayelin Feliu Mirabal	5117 N Matanzas Ave
✓ Add			Tampa, Fl 33614
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)	
/A		
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		_
		
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The date of each amendment(s) adoption: 0/20/14 date this document was signed.	, if other than the
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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 5/20/2014	
Signaturek (mas)	
By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	,
Jorge L Torres Moreno	
(Typed or printed name of person signing)	
President	
(Title of percon signing)	