## P14000047a10

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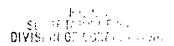
## **COVER LETTER**,

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	TAM FLORIDA INC
DOCUMENT NUMBER:	P14000047210
The enclosed Articles of Amendment and fee are s	submitted for filing
Please return all correspondence concerning this m	_
ricase return an correspondence concerning this in	anter to the following.
	DAVID BITTON
	Name of Contact Person
<del></del>	Firm/ Company 745 NE 179TH TERR
	Address
No	ORI'H MIAMI BEACH FL 33162
	City/ State and Zip Code
1	DVDBIT77@GMAIL.COM
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ase call:
DAVID BITTON	786 651-613 <b>2</b>
Name of Contact Person	at ()
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$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



(Name of Corporation	as currently fil	led with the Florida Dept. of State 5 AUG 17 AH 7: 56
"- · · · · · · · · · · · · · · · · · · ·	ORIDA INC	P14000047210
(Documen	ıt Number of Co	prporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	tatutes, this Flor	rida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co"	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRI</u>	<u>ESS</u> )	
	_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	-	
	-	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		in Florida, enter the name of the
Name of New Registered Agent	_···	····
	(Florida street a	address)
New Registered Office Address:	(Cit	, Florida (y) (Zip Code)
	•	•
New Registered Agent's Signature, if changing Regist		and accept the obligations of the position
I hereby accept the appointment as registered agent. I a	ım jamınar wun	and accept the obligations of the position.
Sionatu	ire of New Regis	stered 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 <math>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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
X 1) Change	D	DAVID BITTON	745 NE 179TH TERR
Add			NORTH MIAMI BEACH
Remove			FL 33162
2) Change	VP	SAM ROOZ	3 DAHL CT
Add			BROOKLYN NY 11204
X Remove			
3) Change	P	ROSA BITTON	745 NE 179TH TERR
X Add			NORTH MIAMI BEACH
Remove			FL 33162
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

If amending or adding additional Arti Attach addifional sheets, if necessary).	(Be specific)	
	-	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

8/12/2013

	0/12/2013	
The date of each amendment(s) a		, if other than the
date this document was signed.	9/10/0015	<b>!</b> · · · ·
Effective date if applicable:	8/12/2015	S: fire it
Effective date in applicable.	(no more than 90 days after amend	ment file date)
Note: If the date inserted in this bedocument's effective date on the Do	lock does not meet the applicable statutory filing partment of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cafficient for approval.	ast for the amendment(s)
	proved by the shareholders through voting groups. each voting group entitled to vote separately on the separately on the separately of the	
	for the amendment(s) was/were sufficient for app	roval
by		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)	
action was not required.	opted by the board of directors without shareholde	
Li The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder act	tion and shareholder
8/12/20	015	
Dated		
Signature	David Bot	
(By a d selecte	irector, president or other officer – if directors or d, by an incorporator – if in the hands of a receive ted fiduciary by that fiduciary)	
	DAVID BITTON	
	(Typed or printed name of person sign	ning)
	DIRECTOR	
	(Title of person signing)	