P15000018149

(Re	questor's Name)	
(Ad	dress)	
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DIVISION OF CORPUSATION

CL. 15

COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations		
NAME OF CORPORATION: TNS ENT DOCUMENT NUMBER: P15000018		ORP
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this mat	-	
	_	
<u>LEONARDO R</u>		
TAX DOORS L	Name of Contact Person	1
15800 PINES I		7
PEMBROKE P	····	
LR@TAXDOORS	City/ State and Zip Code .COM	е
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
LEONARDO RAFFERTY	_{at (} 954	, 638-1537
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to **Articles of Incorporation** of



15 MAR 13 PM 2:53

TNS ENTERPRISES CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

ent(s) to

P15000018149		
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida Profit Corp</i> e	oration adopts the following amendme
A. If amending name, enter the new name of the	e corporation:	
TNS TRANSPORT ENTE	RPRISES CORP	The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co". A professiona	"incorporated" or the abbreviation
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	DOV)	
(Muning unaress MAT BE A POST OFFICE I	<u> </u>	
	 	THE PARTIES OF THE PA
D. If amending the registered agent and/or registered agent and/or the new registered	stered office address in Florida, ente red office address:	r the name of the
Name of New Registered Agent	<u></u>	
Nume of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing F		
I hereby accept the appointment as registered agen		obligations of the position.
		

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	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add Remove				
2) Change		_		
L Add				
Remove				
3) Change				
Add				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

amending or adding additional Artic ttach additional sheets, if necessary).	(Be specific)
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
- 	

The date of each amendment(s) adoption: 02-25-2015 if other than the date this document was signed. 02-25-2015 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 (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 02-25-2015 Signature < (By 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

(Typed or printed name of person signing)

(Title of person signing)

appointed fiduciary by that fiduciary)

PRESIDENT

SHABRAINE MARTIN

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