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COVER LETTER

TO: Amendment Section Division of Corporations							
NAME OF CORPORATION: The Den of TAMPA INC.							
DOCUMENT NUMBER: <u>\$15000024096</u>							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Harold Marshall							
The Den of Tompa Inc.							
Firm/ Company							
P.O Box 441424							
Ft, Washington, Mary land 20749							
HMACSHAII9400 & GMAII, COM E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
HAROLO MARSHALL at (202), 531-7383 Name of Contact Person Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount made payable to the Florida Department of State:							
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) 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 Articles of Incorporation (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

New Registered Office Address:

(City)

Florida

(Zip Code)

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 D	<u> Doe</u>	
X Remove	Y	Mike J	lones	
X Add	<u>sv</u>	Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	779	<u>7</u>	HAROLD L. MARSHALL	8605 MAILARD ROServes Dr
X Add				#202
Remove				TAMPA, F1 33612
2) Change				
Add				.
Remove				
3) Change		-		
Add				
Remove				
4) Change		 -	Name and the state of the state	
Add				
Remove				
5) Change	·	···		
Add				
Remove				
6) Change				
Add				
Remove				

<u>If amendi</u> (Attach <i>ad</i>	ing or adding additional Articles, enter change(s) here: iditional sheets, if necessary). (Be specific)
provision	endment provides for an exchange, reclassification, or cancellation of issued shares, ns for implementing the amendment if not contained in the amendment itself: of applicable, indicate N/A)

The date of each amendment(s) adoption: 3/20//5	, if other than the
date this document was signed. Effective date if applicable: 3/20/15	
Effective date <u>if applicable</u> : 3/20/15 (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 3/20/15	
Signature Houd Maulal	
(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)	
HACOLO MACSHALL (Typed or printed name of person signing)	
Prosident, Treasurer, Director (Title of person signing)	