-P17000013132

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COVER LETTER

BIJOCT LA MONEY TO: Amendment Section Division of Corporations NAME OF CORPORATION: TSA INCOME SOLUTIONS, INC DOCUMENT NUMBER: P17000013132 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANTONIO E GOMEZ Name of Contact Person ANTONIO E GOMEZ CPA PA Firm/ Company 132 MINORCA AVENUE Address CORAL GABLES, FL 33134 City/ State and Zip Code GOMEZ5454@BELLSOUTH.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANTONIO E GOMEZ CPA 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 & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

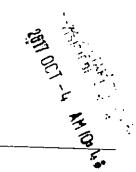
Mailing Address

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



TSA INCOME SOLUTIONS INC

ly filed with the Florida Dept. of State)
· · · · · · · · · · · · · · · · · · ·
f Corporation (if known)
Florida Profit Corporation adopts the following amendment(s)
The man
The new company," or "incorporated" or the abbreviation 70%. A professional corporation name must contain the P.A."
N/A

N/A
s in Florida, enter the name of the
address)
aduressy
Florida
(Zip Code)

If amending the Officers and/or Directors, enter the title and name of each officer/director is sing 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 = ChiefExecutive 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: <u>X</u> Change	<u>PT</u>	John Doc			
X Remove					
	V	Mike Jones			
X Add	\underline{SV}	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change	D	MARIANO A UZ	11461 SW 148TH CT		
$\frac{X}{\underline{\hspace{1cm}}}$ Add			MIAMI, FL 33196		
Remove					
2) Change	MGR	GABRIEL ROSES FAVA	3300 NE 191 ST. # 1711		
Add			COMPLEJO PARK CENTRAL		
X Remove			AVENTURA, FL 33180 UN		
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
\$1					
5) Change					
Add					
Remove					
i) Change		<u> </u>			
Add					
Remove					

(Attach additional sheets, if necessary).	(Be specific)
/A	• • •
	
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98 3 Diendment provider for an auch	
an amendment provides for an exchan	nge, reclassification, or cancellation of issued shares,
the aniend	nge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:
an amendment provides for an eychan rovisions for implementing the amendi (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:
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with the state of	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:

The date of each amendment(s) ado date this document was signed.	ption:		, if other than the
9/21/1 Effective date <u>if applicable</u> :	7		
	(no more than 9)) days after amendment jile date)	
Note: If the date inserted in this bloc document's effective date on the Depa	ck does not meet the applic rtment of State's records.	able statutory filing requirements, this date will	not be fisted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
■ The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The tient for approval.	number of votes cast for the amendment(s)	
☐ The amendment(s) was/were approvement be separately provided for each	red by the shareholders through voting group entitled to ve	igh voting groups. The following statement ne separately on the amendment(s):	
"The number of votes east for			
by		**	
	(voting group)		
☐ The amendment(s) was/were adopted action was not required.	I by the board of directors w	ithout shareholder action and shareholder	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators withou	it shareholder action and shareholder	
9/21/17 Dated	/ /	 -	
Signature	Man -		
sciected, byj	or, president or other officer an incorporator – if in the haddeciary by that fiduciary)	- if directors or officers have not been ands of a receiver, trustee, or other court	
_	64BTT 17 1 (Typed or printed name	DOSES FAVA. ne of person signing)	
/	(Title of p	erson signing)	
((Tille of p	erson signing)	_