717000058427

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

ATION: TCA Venture, Inc.					
ER: P17000058427					
	bmitted for fili	ng.			
ondence concerning this ma	tter to the follo	wing:			
angela Omicioli					
	Name of C	ontact Persor	n		
Hoover Pressure Cleaning					
	Firm/ (Company			
001 Corporate Ave Unit 110)				
Address					
Forth Port, FL 34289					
	City/ State	and Zip Code	e		
pc941@gmail.com					
	sed for future a	nnual report	notification)		
concerning this matter, pleas	se call:				
	at (941	697-6886		
Contact Person		Area Co	de & Daytime Telephone Number		
the following amount made	payable to the	Florida Depa	artment of State:		
\$43.75 Filing Fee & Certificate of Status	Certified ((Additions	Copy Il copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
			Address		
			Iment Section		
Division of Corporations		Division of Corporations Clifton Building			
			Executive Center Circle		
	ER: P17000058427 ER: P17000058427 [Amendment] and fee are surpondence concerning this match and fee are surpondence concerning the following amount made following amount made fee and fee are surpondence concerning this matter, please fee and fee are surpondence concerning this matter, please fee and fee are surpondence concerning this matter, please fee and fee are surpondence concerning this matter, please fee and fee are surpondence concerning this matter, please fee and fee are surpondence concerning this matter, please fee and fee are surpondence concerning this matter, please fee and fee are surpondence concerning this matter, please fee and fee are surpondence concerning this matter, please fee and fee are surpondence concerning this matter, please fee are surpondence	ATION: P17000058427 FAmendment and fee are submitted for fill condence concerning this matter to the following amount made payable to the following amount made payable to the Certificate of Status Certificate of Status Ramendment and fee are submitted for fill condence concerning this matter, please call: at (Contact Person) the following amount made payable to the Certificate of Status Certificate of Status Certificate of Status Certificate of Corporations Box 6327	### P17000058427 ### P17000058427 ### F17000058427 ### F17000058427 ### P17000058427 ### P170000058427 ### P17000000000000000000000000000000000000		

Tallahassee, FL 32301



October 16, 2018

ANGELA OMICIOLI 1001 CORPORATE AVE UNIT 110 N PORT, FL 34289

SUBJECT: TCA VENTURE, INC. Ref. Number: P17000058427

We have received your document for TCA VENTURE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

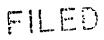
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 818A00021123

Articles of Amendment to Articles of Incorporation of



(Document Number of Corporation (if known) :: `	_The new bbreviation
(Document Number of Corporation (if known) :: A. Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Iname must be distinguishable and contain the word "corporation," "company," or "incorporated" or the as "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must be word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: [Designate office address AMIST RE A STREET ADDRESS]	_The new bbreviation
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B. Enter new principal office address, if applicable:	
(Deinstead office address MUST DE A STREET ADDRESS)	
North Port, FL 34289	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 1001 Corporate Ave	
Unit 110	
North Port, FL 34289	·
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	-
1001 Corporate Ave Unit 110	_
(Florida street address)	
North Port 34289 New Registered Office Address:, Florida	
(City) (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 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	Р	Anthony Omicioli	1001 Corporate Ave
Add			Unit 110
Remove			North Port, FL 34289
2) X Change	V	Angela Omicioli	1001 Corporate Ave
Add			Unit 110
Remove			North Port, FL 34289
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			-
Remove			

	(Be specific)
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<u> </u>	And the state of t
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an amandment provides for an arch	nange, reclassification, or cancellation of issued shares,
an amendment provides for all excl.	ndment if not contained in the amendment itself:
provisions for implementing the ame	HUINER II HOL CONTAINED IN THE AMERICAN EAST.
rovisions for implementing the ame	RUMENT II NOT COMMINE III III AMENOMENT RISEM
rovisions for implementing the ame (if not applicable, indicate N/A)	nuncine in not contained in the amendment reserv
provisions for implementing the ame	INCHEST HON CONTAINED IN THE AMERICAN ASSETT
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provisions for implementing the ame	INCHERT HOL COMPANY AND AMERICAN ASSET.
provisions for implementing the ame	INCIDENCE IN THE CONTRACTOR ASSETS
provisions for implementing the ame	INCHERT HOL COMPANIE IN THE AMERICAN ASSET.
provisions for implementing the ame	INCHERT HOL COMPANIE IN THE AMERICAN ASSET.
provisions for implementing the ame	INCIDENCE IN THE CONTRACTOR ASSETT
provisions for implementing the ame	INCIDENCE IN THE CONTRACTOR IN

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
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 10 1 2018	
Signature	
(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)	
Angela Omicioli	
(Typed or printed name of person signing)	
<u>VP</u>	
(Title of person signing)	