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EE FLORIDA

AUG 16 2017

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: TSEL	Surveying	Inc.			
NAME OF CORPORATION: TSEL Surveying Inc. DOCUMENT NUMBER: P17000064319						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
_	Jose A	Roche Name of Contact Person				
		Name of Contact Person	n			
	TSEL SU	rveying In	c			
_	Tsel Surveying Inc Firm/Company					
	3860	2 Sw 7 S Address	Trut			
_		Address	•			
_	City/ State and Zip Code					
	t selsorv E-mail address: (to be us	eying@gima sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
Jose A	Roch	at (305	219 1203			
Name of	f Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$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 Street Address						
Amendment Section		Ameno	Iment Section			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

FILED
17 Alicia
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wn)
ration adopts the following amendment(s) to

Tsel Surveying	Inc.	4,	17 AUG 10 PM 10: 10
		iled with the Florida	rest hysmas)
	0.3	4400	ALLAHASSEE FLORIS
	71 + 0000	64319 Corporation (if known)	- CE FLORIDA
(Doci	ument Number of C	orporation (if known)	7
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this <i>Fl</i>	orida Profit Corporati	on adopts the following amendment
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the ware companies of the designation "Cony" or the designation "Cony or the designation," or the designation," or the designation, "or the designation," or the designation of the d	rp," "Inc," or "Co	". A professional co	corporated" or the abbreviation
3. Enter new principal office address, if applicab			
Principal office address <u>MUST BE A STREET AI</u>	DDRESS)		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	8 0X)		
-			
 If amending the registered agent and/or registened agent and/or the new registered 		s in Florida, enter the	name of the
new registered agent and/or the new registere	o office aduress:		
Name of New Registered Agent			
<u></u> -	(Florida street	address)	
	(* ************************************		
New Registered Office Address:			, Florida
	(C	ity)	(Zip Code)
•			
New Registered Agent's Signature, if changing R		h and account the ablica	retirans of the manielan
hereby accept the appointment as registered agent.	. 1 am jamiliar wil	n ana accept the oblig	ations of the position.
	C17 5		
Sig	gnature of New Reg	istered Agent, if chang	nng

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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	D Jose A Roch	3380 SW 75Tree Miami, PL 33135
X Add		Miami, PL. 33135
Remove		
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
F. <u>If</u>	an amendment provides for an exchange, reclassification, or cancellation of issued shares, royisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)			

The date of each amendment(s) adoption:date this document was signed.	if other than the
Effective date <u>if applicable</u> : (no more than	90 days after amendment file date)
Note: If the date inserted in this block does not meet the app document's effective date on the Department of State's records.	licable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. T by the shareholders was/were sufficient for approval.	the number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled in	
"The number of votes cast for the amendment(s) was/w	vere sufficient for approval
by	
(voting group)	
 The amendment(s) was/were adopted by the board of directo action was not required. The amendment(s) was/were adopted by the incorporators was action was not required. 	
Dated 8/7/17	
	fficer – if directors or officers have not been the hands of a receiver, trustee, or other court y)
Jose	A Roche
(Typed or printe	d name of person signing)
$\mathcal D$	irector
	e of person signing)