P18000014391

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COVER LETTER

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TO: Amendment Section Division of Corporations
NAME OF CORPORATION: TCTCLES INC. DOCUMENT NUMBER: P18000014397
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person To Local Inc Firm/ Company 455 NE 5+h Ave Sinte 119 Address Delray Beach, FL 33483 City/ State and Zip Code to nette Carrio O. gmail E-mail address: (to be used for future annual report potification)
For further information concerning this matter, please call:
Tone++e Carrico at 561,3077147 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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

to Articles of Incorporation of

TC Ideals INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
EIN # 82-4460416 DOC# P1800001439
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
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
(Florida street address)
New Registered Office Address:, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of Vene Provietared Least, 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.

X Change	PT	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	_	<u>Addres</u> s	
(Check One) 1) Change PY Add	CSI	dent 1	lonette		
Add			Carr		
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If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		
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f an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or cancellated in the am	endment itself:
(if not applicable, indicate N/A)		
	<u> </u>	
	_	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	<u> </u>
(no more than 90 days after amendment file o	late)
Note: If the date inserted in this block does not meet the applicable statutory filing requirer document's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amend	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action a action was not required.	nd shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shaction was not required.	nareholder
Dated June +1, 2018	
Signature (By a director, president or other officer – if directors or officers h	aug not hoon
selected, by an incorporator – if in the hands of a receiver, trustee,	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	<u> </u>
(Title of person signing)	nt
(the or person signing)	