## P1800011812

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JUL 1 1 2018

S. YOUNG

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Thee Holding Corp		
DOCUMENT NUMI	BER: P18000041812		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	William M. Morse		
		Name of Contact Person	n
	Airmont Financial Services,	Inc.	
		Firm/ Company	
	7469 Viale Michelangelo		
		Address	
	Delray Beach, FL 33446		
		City/ State and Zip Cod	e
W.100.00	tax@gmail.com		
Willin	<del>-</del> -	sed for future annual report	politication)
	E-man address, (to be d.	sed for factore annual report	nonteation,
For further information	n concerning this matter, pleas	se call:	
William M. Morse		at (	213-2965
Name (	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Ame Divi P.O.	ling Address Indiment Section Is on of Corporations Box 6327 Ithassee, FL 32314	Amend Divisio Clifton 2661 E	Address Innent Section on of Corporations Building xecutive Center Circle assec, FL 32301

## Articles of Amendment to Articles of Incorporation of

Tlee Holding Corp		

(Name)	of Corporation as currentl	y filed with the Florida Dept, of State	)
P18000041812			
	(Document Number o	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the f	following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "	Co". A professional corporation name	
B. Enter new principal office address,	if applicable:		
(Principal office address MUST BE A S	TREET ADDRESS )		
C. Enter new mailing address, if applia (Mailing address MAY BE A POST)  D. If amending the registered agent an new registered agent and/or the new control of the control	<u>OFFICE BOX</u> ) d/or registered office addi		FILED PH 14. 34  ECRATARSEE, FLORIDA
Name of New Registered Agent		<del> </del>	
	1001 N. Federal Hwy		
	(Florida str.	•	3460
New Registered Office Address:		, Florida	
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar s	vith and accept the obligations of the po	sition.

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	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change	P	Tammy Lee Johnson	1001 N. Federal Hwy
Add			Lake Worth, FL 33460
x Remove			
2) Change	p	Tammy Lee	1001 N. Federal Hwy
xAdd			Lake Worth, FL 33460
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			<del> </del>
Remove			
5) Change			
Add			
Remove			
6) Change			
, Add			
Remove			

(Attach additional	dding additional Art sheets, if necessary).	(Be specific)	<del></del>			
Name change of prin	ciple officer and regis	stered agent.				
	· · · · · · · · · · · · · · · · · · ·					
			<del></del>		<del></del>	
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F. If an amendment	provides for an exc	hange, reclassifica	tion, or cancellati	ion of issued shar	es.	
<u>provisions for it</u>	nplementing the am	endment if not con	tained in the ame	ndment itself:	<del></del>	
(if not applie	cable, indicate N/A)					
					·-··	
	·			<del> </del>		

The date of each amendment(s) adop	otion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this rtment of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes east for the amendment cient for approval.	u(s)
	ved by the shareholders through voting groups. The following state ch voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and shareho	lder
The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated	3/18	
Signature		
selected, t	ctor, president or other officer – if directors or officers have not bee by an incorporator – if in the hands of a receiver, trustee, or other co- fiduciary by that fiduciary)	
Ta	ummy Lee	
_	(Typed or printed name of person signing)	
Pr	esident	
<del>-</del>	(Title of person signing)	<del></del>