## P18000047803

Office Use Only

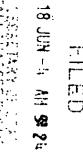


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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	TSGSA I	NC	
DOCUMENT NUMBER:	P180000	)47803	
The enclosed Articles of Amendmen	t and fee are su	bmitted for filing.	
Please return all correspondence con	cerning this ma	tter to the following:	
	выту с	OVERLIE	
-		Name of Contact Person	n
	TSGSA E	NC	
		Firm/ Company	
	7460 SW	107th AVENUE #3201	
	·	Address	
	MIAMI	FL 33 173	
	·	City/ State and Zip Cod	c
	ALFJAN	DRO.DIAZ@TSGSA.NEI	
E-mail ac	dress (to be u	sed for future annual report	notification)
For further information concerning the	nis matter, pleas	at (	924-8076
Name of Contact Pers	son	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	amount made	payable to the Florida Depa	artment of State:
	Filing Fee & ate 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 Amendment Section			Address Iment Section
Division of Corpor			on of Corporations
P.O. Box 6327		Clifton	Building
Tallahassee, FL 32	314	2661 E	executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

TSGSA INC

(	<u>ily filed with the Florida Dept. of Stat</u>	<b>e</b> )
P18000047803		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:		
TSG SA INC		The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation nan	or the abbreviation
B. Enter new principal office address, if applicable:	5810 NW 48th AVENUE	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	COCONUT CREEK FL 33073	
		200 C
		要 2
C. Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE BOX)		
	<del></del>	
D. If amending the registered agent and/or registered office add		
new registered agent and/or the new registered office addres	<u>s:</u>	
Name of New Registered Agent		
(Florida st	treet address)	<del></del>
(Florida st New Registered Office Address:	reet address)Florida	

## 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>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
<u>X</u> Add	$\underline{sv}$	Sally Sn	<u>vith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
l)Change		_		
Add				
Remove				
2) Change		<del></del>		
Remove				
3)Change				
Add				
Remove				
4) Change				
Add			<del></del>	
Remove				
5) Change				
Add				
Remove				<del></del>
KGHOVC				
6) Change		<del>_</del>		
Add				
Remove				

The state of the s	cles, enter change (Be specific)				
			<del></del>		-
				<u></u>	
		<del></del>	·		
		<del></del>	<u></u>	<del></del>	•
		<del></del>		· <del></del>	
			<del></del>		
		···			_
f an amendment provides for an exch	ange, reclassifica	tion, or cancellati	on of issued share	<u> </u>	
	<u>adment if not con</u>	tained in the ame	ndment itself:		
(if not applicable, indicate N/A)					
provisions for implementing the ame (if not applicable, indicate N/A)					
provisions for implementing the ame (if not applicable, indicate N/A)					
provisions for implementing the ame (if not applicable, indicate N/A)					
provisions for implementing the ame (if not applicable, indicate N/A)					
provisions for implementing the ame (if not applicable, indicate N/A)					
provisions for implementing the ame (if not applicable, indicate N/A)					
provisions for implementing the ame (if not applicable, indicate N/A)					
provisions for implementing the ame:  (if not applicable, indicate NiA)					

The date of each amendment(s) adoption:	, 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 block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	te 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 east 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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	rnt
"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 and shareholde action was not required.	ır.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Str Py Wille	
(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 cour appointed fiduciary by that fiduciary)	
BETTY OVERLIE	
(Typed or printed name of person signing)	<del></del>
PRESIDENT	
(Title of person signing)	