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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	<i>f</i>)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	·)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

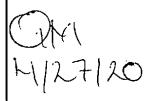
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: _	TABRE	E Enterprise	Inc.
DOCUMENT NUMBER:		<i>i</i>	
The enclosed Articles of Amendm	ent and fee are sui	bmitted for filing.	
Please return all correspondence co	oncerning this ma	tter to the following:	
	And	OVE King Name of Contact Person	n
		Firm/ Company	
	DI NE	5th AUF Address	
	Boynton		33435
E-mail	thellings	Edvningenter ed for future ahnual report	@ gmai).com
For further information concerning	this matter, pleas	e call:	
Ambre Kinc	1	at (_561_	de & Daytime Telephone Number
			•
Enclosed is a check for the following	ig amount made μ	payable to the Florida Depa	artment of State:
-	75 Filing Fee & ficate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Mailing Address</u> Amendment Sect Division of Corp P.O. Box 6327	ion	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

TABRE Enterpris	SE INC.	
	filed with the Florida Dept, of State)	
(Document Number of	SOD 1 8 Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A	,	The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbrevio professional corporation name must con	ttion "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA	
		1
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	N A	1: 06
D. If amending the registered agent and/or registered office address: Name of New Registered Agent N A		
(Florida stre	vet address)	
New Registered Office Address:	, Florida	ip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		
Signature of New Re	egistered Agent, if changing	
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.	

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)

Example:

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check Onc)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Octavia Bell	5013 Nautical K.Cr.
Add Remove			Orthocres, FL 33463
Remove 2) Change		<u>N</u> A	
Add			
Remove 3) Change		N/A	
Add			
Remove			
4) Change		N A	
Add			
Remove		ı	
5) Change		N/A	
Add			
Remove			
6) Change		NA	
Add			
Remove			

Othicar	director	Resignati	on for a	arboration
	<u> </u>			
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If an amendment p	rovides for an exchang	e, reclassification, or can	cellation of issued sha	res,
(if not applicab	ole, indicate N/A)	nent if not contained in th	ie amenament itself:	

The date of each amendment(s) adolate this document was signed.	ption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendn	ent file date)
Note: If the date inserted in this bloc document's effective date on the Depa		requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors wi	thout shareholder action and shareholder
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes ca	st for the amendment(s)
must be separately provided for ea	ved by the shareholders through voting groups. ch voting group entitled to vote separately on to	ne amendment(s):
"The number of votes cast for	r the amendment(s) was/were sufficient for appr	roval
by	(voting group)	'"
selected, I	ctor, president or other officer – if directors or or on an incorporator – if in the hands of a receiver fiduciary by that fiduciary) Octobic E	trustee, or other court
_	(Title of person signing)	