P18000080518

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100351196751

08/28/20--01021--022 **52.50

7077 (14) 28 PH | 2: 5

10:21

C. GOLDEN 60T 1 1 2020

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Table Est	Fronse, Inc.
DOCUMENT NUMBER: $-rac{1800080518}{1}$	<u> </u>
The enclosed Articles of Amendment and fee are submitted for fili	ng.
Please return all correspondence concerning this matter to the follo	wing:
Ambre	entact Person
· · · · · · · · · · · · · · · · · · ·	Farning Conter
101 NE 5th AL	1+ Boynton Brach, FL 38435
	FL 33435 and Zip Code
E-mail address: (to be used for future an	inaconter @ amail. (OM inual report notification)
For further information concerning this matter, please call:	
Name of Contact Person at (Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the F	Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Fil Certificate of Status Certified C (Additional enclosed)	Copy Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

	Articles of Incorporation	on		• •
	of		25237.111.2	e brib.
<u> </u>	ENTERPRIS			o Miliza.
(Name of Corpo	ration as currently filed wi	th the Florida Dept.	of State)	
P18c	00080518			•
(De	ocument Number of Corpora	tion (if known)		
ursuant to the provisions of section 607.1006. Flos Articles of Incorporation:	orida Statutes, this <i>Florida F</i>	<i>'rofit Corporation</i> ado	opts the following ame	endment(s) to
. If amending name, enter the new name of the	ne corporation:			
NIA			TI	
ame must be distinguishable and contain the word Inc.," or Co.," or the designation "Corp," "i chartered," "professional association," or the a	Inc," or "Co". A professi	or "incorporated" o ional corporation na	r the abbreviation "C	new orp.," word
. Enter new principal office address, if applic				
Principal office address <u>MUST BE A STREET</u>	<u>ADDRESS</u>)	ALLA		
		.		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u></u>)		· · · · · · · · · · · · · · · · · · ·	
		NA		
				
 If amending the registered agent and/or reg new registered agent and/or the new registe 		orida, enter the nam	e of the	
new registered agent and/or the new registe	red office address.			
Name of New Registered Agent	NIA			
	(Florida street addres	s)		
New Registered Office Address:	NIA		Florida	
	(City)		(Zip Code)	
ew Registered Agent's Signature, if changing hereby accept the appointment as registered age.		accent the oblivations	of the position.	
,		.cop ouiganons	all time homeone	
	1			
	Signature of New Registered			
S	Signature of New Registered	Agent, 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)

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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	YP	Octavia Bell	5013 Nautica LK. Cr.
X Add			GIEGRACIES FL 33463
Remove		t	
2) Change		NA	- /#/
Add			
Remove 3) Change		NA	***************************************
Add			
Remove			
4) Change		NA	
Add			
Remove		,	
5) Change		NA	
Add			
Remove		1	
6) Change		N A	
Add		·	
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Azticle V:
TiHe: VP
Octavia Bell
5013 Nantica Lake Gode
Grenacies FL 33463
Title: P
Ambre King
Ambre King 5501 Mainship Drive
Orthacres, Pl 33463
50% Shares transfer to Octavia Bell, Effective 9/1/2020
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
<u> </u>
N A

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	} ·
Effective date if applicable:	1 2020
(no more	than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re	e applicable statutory filing requirements, this date will not be listed as the cords.
Adoption of Amendment(s) (CHECK ON	<u>E</u>)
☐ The amendment(s) was/were adopted by the incorpora action was not required.	tors, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ers. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehol must be separately provided for each voting group en	ders through voting groups. The following statement titled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s)	was/were sufficient for approval
by	
by(voting group)
Dated 8 24 202	.O
Dated	
Signature	
(By a director, president or of	her officer - if directors or officers have not been
	- if in the hands of a receiver, trustee, or other court
appointed fiduciary by that f	duciary)
	Ambre King
(Typed or	AMBYE King printed name of person signing)
```	
	Ytesident
(Title of p	erson signing)