P19 000015672

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TO: Amendment Section Division of Corporations NAME OF CORPORATION: T2B Services Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lori Thelen Name of Contact Person T2B Services Inc. Firm/ Company 1185 47th Ave NE Address Naples, FL 34120 City/ State and Zip Code T2bservicesinc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239) 238-3053

Area Code & Daytime Telephone Number Lori Thelen Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$**43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

T2b Services, Inc.		
(Name of Corporat	on as currently filed with the Florida Dept. of State)	
P19000015672		
(Docur	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the c	orporation:	
		The new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbro	orporation," "company," or "incorporated" or the abbrev " or "Co". A professional corporation name must conviation "P.A."	viation "Corp.,"
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET AD</u>		
		28
C. Carrier and the Constitution		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
,		:2
		
D. If amending the registered agent and/or registe new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:	: 20
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		(Zip Code)
	· ·	•
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<u>tistered Agent:</u> I am familiar with and accept the obligations of the posit	ion.
Sign	ature of New Registered 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)

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 Doc 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.

Example:

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP	_	Matthew Nixon	1185 47th Ave NE
X Add			·	Naples, FL 34120
Remove				(239) 825-8484
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	ng additional Arti eets, if necessary).	(Be specific)			
					
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07/28/2020
The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable:
(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 will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
Dated 7/28/2020
Signature (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 court
appointed fiduciary by that fiduciary)
Lori Thelen
(Typed or printed name of person signing)
President

(Title of person signing)