## P19000023907

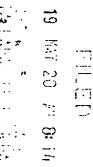
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NAY 21 2019 S. YOUNG



April 27, 2019

AMELIA ALFARO TD SERVICES OF SOUTH FLORIDA, INC 13863 SW 282 TERRACE HOMESTEAD, FL 33033

SUBJECT: TD SERVICES OF SOUTH FLORIDA, INC.

Ref. Number: P19000023907

We have received your document for TD SERVICES OF SOUTH FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

2019 MAY 20 AM III 4

Letter Number: 219A00008476

## $\underline{\text{COVER LETTER}}$

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: TD Ser.	vices of South	4 Florida, Inc.
DOCUMENT NU	MBER: <u>P190000</u>	13907	
The enclosed Articl	es of Amendment and fee are sul	omitted for filing.	
Please return all cor	respondence concerning this mat	ter to the following:	
			la , Inc.
	Homestand Toservices	City/ State and Zip Code of S Florids @ 3	mail.com
For further information	E-mail address: (to be us	ed for future annual report	notification)
Amelia	Altano	at (_3°5	) 563-19 <b>9</b> 3 de & Daytime Telephone Number
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made p	payable to the Florida Depa	artiment of State:
□ \$35 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)
A D P.	Lailing Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

TD Services (Name of	OF South Flori Corporation as currently fil	ed with the Florida De	ept, of State)
Plac	000023907		
	(Document Number of Co	rporation (11 known)	
Pursuant to the provisions of section 607.19 its Articles of Incorporation:	006, Florida Statutes, this <i>Flor</i>	rida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new nar	ne of the corporation:		
			The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or "Co"	'. A professional corpe	porated" or the abbreviation oration name must contain the
B. Enter new principal office address, il (Principal office address <u>MUST BE A ST</u>			· - <del></del>
	-	<del></del> -	<u> </u>
	-	<u></u>	
C. Enter new mailing address, if applic			14 NO 1111
(Mailing address <u>MAY BE A POST O</u>	FFICE BON)		
			<u> </u>
	-		The state of the s
<ul> <li>If amending the registered agent and new registered agent and/or the new</li> </ul>		in Florida, enter the n	ame of the
Name of New Registered Agent	Amelia Alfard		
	13863 50 282		
	(Florida street e	idaressi	_
New Registered Office Address:	Homesterd		, Florida <u>3303 3</u> (Zip Code)
	(Cu	17	(zip Cone)
New Registered Agent's Signature, if ch	anging Registered Agent:		
I hereby accept the appointment as registe	red agent. I am familiar with	and accept the obligati	ions of the position.
	Sellon		
	Signature of New Regi	stered Agent, if changin	<u> </u>

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.

Example: X Change	PT Jo	ohn <u>Doe</u>	
X Remove	<u>V</u> <u>M</u>	fike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Ricardo L. AlFaro	13863 SW 28) Terre
Add Remove  2) Change Add	PST	Amelia AlFord	Homosterd, Fl. 33033 13563 Sw 252 Ter Homosterd, Fl. 33033
Remove 3 ) Change Add Remove		<u> </u>	
4) Change Add			
Remove  5) Change  Add  Remove			
6) Change Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)	
		.,
	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	numerical proceduration in the american materials	Shares
1 DIFOLD POLITICE	cretary Treasurer 135 63 SW 282 Tex.	, ,3
Mella HITCHE, TYOSIBENI/ SC	r	
	Humestead, Fl. 33033	
		<u></u>
ank Alenso , Sharehelder	9420 SW 16814 ST MIRM, F1. 33157	407

The date of each amendment(s) adoption:	4.13-19	, it other than
date this document was signed.		
Effective date if applicable:	4-13-19	
(no more th	han 90 days after amendment file dater	
<b>Note:</b> If the date inserted in this block does not meet the a document's effective date on the Department of State's record		e will not be listed as
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)	ı
☐ The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle		u
"The number of votes cast for the amendment(s) was	s/were sufficient for approval	
by		•
(voting group)		•
☐ The amendment(s) was/were adopted by the board of direction was not required.	ctors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder	
Dated4-(3	- 19	
Signature		
(By a director, president or other	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court	
Ane	lia Altaro	
(Typed or prin	nted name of person signing)	
Presid	lent / Secretary / Treasurer	
	Fitle of person signing)	

the

the