## P190000 28011

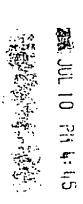
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Special Instructions to F	riling Officer:	
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## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

				2
		COVER LETTER		
TO: Amendment Section Division of Corpora	n ations			6
NAME OF CORPORA	TION: T+A	DEURLOPME	ENT SERVICES	ING ?
DOCUMENT NUMBE	R: P19000	028011	<del> </del>	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspondent	ondence concerning this ma	tter to the following:	•	
	JOE WAU	cowiak		
_	1.1.5.TAX	Name of Contact Person	oc Inc	_
_		Wigner / Commencer		_
_	SUNRISE	Address  City/ State and Zip Code	3722	_
				_
	JUEW. JI	STAXE GM	Ail. (cm	
<del></del> -	E-mail address: (to be us	sed for future annual report	notification)	
For further information of	concerning this matter, pleas	se call:		
JOE WA	HKOWIAK Contact Person	at (954	25 Y ~ 2799  de & Daytime Telephone Numbe	
Name of	Contact Person	Area Co	de & Daytime Telephone Numbe	er .
Enclosed is a check for t	he following amount made	payable to the Florida Depa	rtment of State:	
S35 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)	
Ameno	ng Address  Iment Section  on of Corporations	Amend	Address ment Section n of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

Articles of Incorporation

## + A DEUELOPMENT SERVICES INC

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(

		The
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	," "Inc," or "Co". A professi	
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>		<u>.                                    </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>
. If amending the registered agent and/or register new registered agent and/or the new registered		nter the name of the
	(Florida street address)	
New Registered Office Address:		, Florida
	(Ciţi)	(Zip Code)
New Registered Agent's Signature, if changing Reginereby accept the appointment as registered agent.	<u>istered Agent:</u> I am familiar with and accept th	ne obligations of the position.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name 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 = Chairman or Clerk; CEO = Chairman or Clerk; CEO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each cheld. 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. The 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 Che Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>Joh</u>	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	?	ALMOND SABATINI	
Add			LOXAHATCHEE, FL 3
Remove			,
2) Change	<u>_P</u>	TAMARA J. SABATIN	17852 612 PLN
Add			LOXAHAICHEE, FL 3
Remove 3 ) Change Add	<u>v P</u>	ARMOND SABATINI	17852 6154 PL N LOXAHATCHEE, FL 334.
Kemove	0	TAMARA J. FRIDAY	****
4) Change	<u>v P</u>	TIMARCA J. PROMY	LOXAHATRILE FL 331
Remove  5) Change			
Add		<del></del>	
Remove			
6) Change	<del></del>	<del></del>	<del></del>
Add			
Remove			

. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
*****	
	<del></del>
<del></del>	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(y nor applicable, maleule 1991)	

	The date of each amendment(s) adoption: Jaly 10, 2019 , if other that 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 a document's effective date on the Department of State's records.
	Adoption of Amendment(s) (CHECK ONE)
MA	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 east 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 shareholder action was not required.
<b>(</b> )	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
	Dated 71312019
	Signature Control of the 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)
	JOSEPH WAIKOWIAK
	(Typed or printed name of person signing)
	TNCORPORATOR (Title of person signing)
	(Title of person signing)