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2019 ETC 12 PH 5: 48

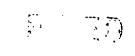
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TNARA OPERAT	TONS GROUP INC	
DOCUMENT NUMB	ER: P19000043896		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	WENDY OBRIEN		
		Name of Contact Person	1
		Firm/ Company	
	PO BOX 10907		
•		Address	
	BROOKSVILLE, FL 34603	i	
		City/ State and Zip Cod	e
WOB	RIENGFOXTROT-RESEAL	RCH.COM	
	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
WENDY OBRIEN		at (
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee	S43.75 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amenc Divisio Clifion	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



TNARA OPERATIONS GROUP INC

20197/10/12 PM 5:48

(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)	. :
P19000043896			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment	(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A		The new	
name must be distinguishable and con "Corp.," "Inc.," or Co " or the design word "chartered," "professional associa	iation "Corp." "Inc." or	on." "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
B. Enter new principal office address,			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	N/A	
C. Enter new mailing address, if appl			
(Mailing address <u>MAY BE A POST</u>	OFFICE BUX	N/A	
		190	
D. If amending the registered agent ar	nd/or registered office ad	dress in Florida, enter the name of the	
new registered agent and/or the ne			
Name of New Registered Agent	N/A		
	-		
	(Florida s	reet address)	
Variable de la Vista de III.	N/A	. Florida	
New Registered Office Address:		(Zip Code)	
New Registered Agent's Signature, if o		<mark>tt:</mark> with and accept the obligati <mark>ons</mark> of the position.	
з негеоу ассері іне арронитені as regis.	есеса адені.— 1 ат јатина	жин ана ассері ніс оон <u>данон</u> х ој те ромноп.	
<u></u>			
	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)

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: <u>X</u> Change	PT	<u>John Doe</u>		
X Remove	$\underline{\mathbf{Y}}$	Mike Jones		
<u>X</u> Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) X Change	PCEO	CHARLES F ARANT	(NO CHANGE TO ADDRESS)	
Add			302 IST AVE SW	
Remove			LUTZ, FL 33548	
2) X Change	VCTO	JONATHAN M OBRIEN	(NO CHANGE TO ADDRESS)	
Add			3550 MARLINSPIKE DR	
Remove			TAMPA, FL 33607	
3) X Change	ST	SUSAN BOULLY	(NO CHANGE TO ADDRESS)	
Add			2705 MANOR HILL DR	
Remove			BRANDON, FL 33511	
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
_				
Add				
Remove				

	eets, if necessary).	(Be specific)			
	 				
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	ravides for an excl	hanne reclassifica	tion or cancellatio	n of issued shares.	
f an amendment ne	OTIGES FOI HILLENCE	adment if not con	tained in the amen	dment itself:	
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	04/16/2019
The date of each amendment(s) a date this document was signed.	doption:, if other than the
•	16/2019
Effective date <u>if applicable</u> :	
	tno more than 90 days after amendment file d ate)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cus	for the amendment(s) was/were sufficient for approval
bs	(voting group)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad- action was not required.	opted by the incorporators without shareholder action and shareholder
08/08/201 Dated	······································
Signature	Susan Rolle
(By a) select	lirector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)
	SUSAN BOULLY
	(Typed or printed name of person signing)
	SECRETARY/TREASURER
	(Title of person signing)