P19000043896

(Requestor's Name)
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(Address)
,
(Ch. (Chata / Tim / Dhana #0
(City/State/Zip/Phone #)
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COVER LETTER

TO: Amendment Section Division of Corpor			غ.			
NAME OF CORPORA	ATION: Tnara Operations C	Froup Inc	·			
	ER: P19000043896					
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:				
(Charles Arant					
-		Name of Contact Persor	1			
т	nara Operations Group Inc		•			
_		Firm/ Company				
P	O Box 1067					
	Address					
E	Brandon, FL 33509					
		City/ State and Zip Code	2			
S	usan.boully@tnara-group.co	m				
		sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
Susan Boully		at (813	774-1226			
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	□\$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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec. FL 32314		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303			

Articles of Amendment to Articles of Incorporation of

TNARA OPERATIONS GROUP INC

P19000043896	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts its Articles of Incorporation:	the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name in "chartered," "professional association," or the abbreviation "P.A."	eabbreviation "Corp.," must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	ر <u>ت</u> نوح:
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
D. If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address:	<u>the</u>
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Flor	ida
(ciù)	121p Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the	ne position.
Signature of New Registered Agent, if changing	
Chack 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)

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>	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	Address		
1) Change	<u>V</u>	<u> </u>	JONATHAN M O'BRIEN	3550 MARLINSPIKE DR		
Add				TAMPA, FL 33607		
X Remove						
2) Change						
Add						
Remove 3) Change		_				
Add						
Remove				<u> </u>		
4) Change	-	_				
Add						
Remove						
5) Change		_				
Add						
Remove						
6) Change		_				
Add						
Remove						

	ng or adding additional Arti ditional sheets, if necessary).	(Be specific)	<u>-</u>			
						
		· · · · · · · · · · · · · · · · · · ·				
				·-		
						'
					•	-
fan ame	ndment provides for an exch	ange, reclassifica	tion, or cancella	tion of issued sha	res,	
provisio	is for implementing the ame	ndment if not cor	tained in the an	endment itself:		
(if ne	ot applicable, indicate N/A)					
				-		

.

The date of each amendment(s) ac	10/01/2020 loption:	, if other than the
	1/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, the partment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendaticient for approval.	ment(s)
	roved by the shareholders through voting groups. The following st 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	(voting group)	
	(voting group)	
Signature 🚄	Ver 2020	
selected	rector, president or other officer – if directors or officers have not be an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	
	CHARLES ARANT	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	······································