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TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: TMC MANAGEM	ENT INC				
DOCUMENT NUM	P20000051708					
The enclosed Article	es of Amendment and fee are su	bmitted for filing.				
Please return all cor	respondence concerning this ma	tter to the following:				
	TROY PULLEY					
	Name of Contact Person					
	Firm/ Company					
	3901 SE SAINT LUCIE BLVD #59					
	Address					
	STUART, FL 34997					
	City/ State and Zip Code					
	TROY@GOOSEPUBJENSEN.COM					
	E-mail address: (to be us	ed for future annual report	notification)			
For further informat	ion concerning this matter, pleas	se call:				
TROY PULLEY		at (<u>772</u>	475-5340			
Name of Contact Person		at (772) 475-5340 Area Code & Daytime Telephone Number				
Enclosed is a check	for the following amount made p	payable to the Florida Depa	artment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

TMC MANAGEMENT INC

(Name of Corporation as currently	filed with the Florida Dept. of State)	
P200000517	98	
(Document Number of	'Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts 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," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation	r "Corp., "
B. Enter new principal office address, if applicable:		<u> </u>
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		••••
		C., ,
		100
C. Enter new mailing address, if applicable:		2
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		4
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address Name of New Registered Agent		
(Florida str	pet addressi	
[, to the second		
New Registered Office Address:	, Florida	nd st
	Chy (Chy)	oae)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar v		
Signature of New R.	egistered Agent, if changing	
	er i i etim y iiimerie	
Check if applicable		

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 Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	TROY PULLEY	3901 SE SAINT LUCIE BLVD
XAdd			#59
Remove			STUART, FL 34997
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	÷		
Add			
Remove			

additional sheets, if necessary). (Be specific)	
	··_
/	
	
mendment provides for an exchange, reclassification, or cancellation of issued shares,	
sions for implementing the amendment if not contained in the amendment itself:	
if not applicable, indicate N/A)	
	

08/25/2020	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder a action was not required.	ction and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement en
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by MARC LEMOINE / CARLA HOLBROOK	
(voting group)	
DatedSignature	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	
MARC LEMOINE	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)