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(((H23000058578 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

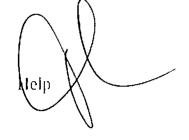
Enter the email address for this business entity to be used for future Enter the email address please.\*\*

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN TFLI (US), INC.

Certificate of Status	0	
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February 15, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TFLI (US), INC.
7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702

SUBJECT: TFLI (US), INC.

REF: P20000059850

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet

The date of adoption of each amendment must be included in the document

Please return your document, along with a copy of this letter, within 6 days or your filing will be considered abandoned.

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

Tammi Cline FAX Aud. #: H23000058578

Regulatory Specialist II Supervisor Letter Number: 423A00003629

## Articles of Amendment to Articles of Incorporation of

TFLI (US), Inc.	
	ntly filed with the Florida Dept. of State)
P20000059850	
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	ns Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.,	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
<ul> <li>C. Enter new mailing address, if applicable:         (Mailing address MAY BE A POST OFFICE BOX)</li> <li>D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address</li> </ul>	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent:  we with and accept the obligations of the position.  Registered Agent, if changing
Signature of New	Chegimerea Agent, ij Changing
Check 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)

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	<u>PT</u> <u>John</u>	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	President	Bowers. Adam	1200 Brickell Avenue Suite 1950 #1016
Add			Miami, FL 33131
X Remove			
2) Change	Secretary	Jones, Peter	1200 Brickell Avenue Suite 1950 #1053
Add			Miami. FL 33131
X Remove	Treasurer	Jones. Peter	Miami, FL 33131
Add			Miami, FL 3313 இர் க
X Remove			TAIL
4) Change	Director	Entwistle, Nik	1200 Brickell Avenue Suite 1950 #1016
X Add			Miami, FL 33131
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

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

The date of each amendment(s) adoption: 2/14/2023 date this document was signed.		, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 40 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
★ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) Ticient for approval.	
must be separately provided for	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):  or the amendment(s) was/were sufficient for approval	
by	<del></del>	
<u> </u>	(voting group)	( <b>5</b> )
Dated2/14/20	23	1023 FEB   5 AM E
Signature / C	ederajorani	
(By a di selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court of fiduciary by that fiduciary)	AM 8: 31
_	Peter Jones	
•	(Typed or printed name of person signing)	<del></del>
	Director	
•	(Title of person signing)	<del></del>