

P20000059850

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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

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2023 FEB 15 PM 4:34

2023 FEB 15 AM 8:31
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

FILED



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 5 days or your filing will be considered abandoned.

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

Tammi Cline
Regulatory Specialist II Supervisor

FAX Aud. #: H23000058578
Letter Number: 423A00003629

2023 FEB 15 AM 8:31
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 02/15/2023 BY 60322

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Articles of Amendment
to
Articles of Incorporation
of

TFLI (US), Inc.

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

P20000059850

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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 abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

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 the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>President</u>	<u>Bowers, Adam</u>	<u>1200 Brickell Avenue Suite 1950 #1016</u>
<input type="checkbox"/> Add			<u>Miami, FL 33131</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>Secretary</u>	<u>Jones, Peter</u>	<u>1200 Brickell Avenue Suite 1950 #1016</u>
<input type="checkbox"/> Add			<u>Miami, FL 33131</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>Treasurer</u>	<u>Jones, Peter</u>	<u>1200 Brickell Avenue Suite 1950 #1016</u>
<input type="checkbox"/> Add			<u>Miami, FL 33131</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>Director</u>	<u>Entwistle, Nik</u>	<u>1200 Brickell Avenue Suite 1950 #1016</u>
<input checked="" type="checkbox"/> Add			<u>Miami, FL 33131</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

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CLERK OF SUPERIOR COURT
FALL RIVER, MASSACHUSETTS

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions 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, if other than the 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 as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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 cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

Dated 2/14/2023

Signature Peter Jones
(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)

Peter Jones

(Typed or printed name of person signing)

Director

(Title of person signing)

STATE OF FLORIDA
TALLAHASSEE, FL

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