## P20 000081255

Office Use Only



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MAR 1 9 2021 S. YOUNG



## COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: TARPS R US INC DOCUMENT NUMBER: P20000081255 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SARAH BROWN Name of Contact Person TARPS R US INC Firmy Company 254 PIMA TRAIL Address GROVELAND, FL 34736 City/ State and Zip Code SARAHBROWN3610@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407 ) 716-3977

Area Code & Daytime Telephone Number SARAH BROWN Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

TARPS R US INC

(Name of Corporation as current)	ly filed with the Florida Dept. of State)	
P20000081255	<del>.</del>	
(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendmen	ıt(s) to
A. If amending name, enter the new name of the corporation:	The new	
name must be distinguishable and contain the word "corporation," "a "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", // "chartered," "professional association," or the abbreviation "P.4."	company," or "incorporated" or the abbreviation "Corp.," 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> )	NA	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<u> </u>	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  Name of New Registered Agent  Name of New Registered Agent		
(Florida str	veet address)	
New Registered Office Address: N A	. Florida	
	телу (престе)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar s		
NIA		: :
Signature of New R	egistered Agent, if changing	•
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(e), F.S.	$\frac{f_{\pm}}{f_{\pm}}$

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.

<u>X</u> Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	$\underline{\mathbf{SV}}$	Sally Smith			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s	
1) Change	V	_	JENORTHER BROWN	254 PIMA TRAIL	
Add				GROVELAND, FL 34736	
X Remove					
2) Change		<del></del>			
Add					
Remove 3.) Range		_			
Add				-	
Remove					
4) Change		_			
Add					
Remove				<del></del>	
5) Change					
Add					
Remove					
6) Change		_			
Add					
Remove					

	<mark>ling or adding addi</mark> dditional sheets, if n	ecessary). — (Be sp	ecific)			
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fan ame	endment provides (	for an evehange in	eclassification o	r cancellation of is	ened charec	
provisio	ons for implementin	ig the amendment	if not contained	in the amendmen	t itself:	
(if n	ot applicable, indica	ate N/A)				
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The date of each amendment(s) adoption:	, if other than the
11/8	
(no more the	in 90 days after amendment file date)
Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's record	oplicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, action was not required.	or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	
"The number of votes east for the amendment(s) was	/were sufficient for approval
by	
(voting group)	
01/27/2021 Dated	
Signature Sal P	
(By a director, president or other	officer – if directors or officers have not been in the hands of a receiver, trustee, or other court ary)
SARAH BROWN	
(Typed or prin	ted name of person signing)
COO	
(Title of perso	n signing)