## P21000049784

(Re	questor's Name)	
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	nlv



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J DENNIS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	_		
NAME OF CORPORA	rion: <u>3 Tear</u>	n group, inc	
	R:P210000		
The enclosed Articles of .	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
	Sonia M.	TrejOS Diaz Name of Contact Person	1
	3 Team	Group, Inc. Firm/ Company	
		Lnd Ct Address	
		City/ State and Zip Code	
_	E-mail address: (to be us	sed for future annual report	notification)
For further information co	oncerning this matter, pleas	se call:	
Sonia M. T	reios Diaz	at ( <u>786</u> Area Co	908-3638 de & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 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)
Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 ssee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)	
P210000 49784 (Document Number of Corporation (if known)	· · <del>· · · · · · · · · · · · · · · · · </del>
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following Articles of Incorporation:	ig amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIQ	_The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviati "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contai "chartered," "professional association," or the abbreviation "P.A."	on "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<del></del>
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 N G	_
(Florida street address)	-
New Registered Office Address: N/Q . Florida	
(City) (Zip C	Tode)
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 position.	21
	14. SH 14
m/q	- <del> </del>
Signature of New Registered Agent, if 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	PT	John Doe	
X Remove	Y	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	_5_	<u>Cardona leal, paniel</u> R.	705 SW 2nd ct
Add			Hallandale, FL 3300°
X Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change	***		
Add			
Remove			

(Attach additional s	theets, if necessary). (Be :	specific)		
	NIA			
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			·	
<u>If an amendment j</u>	provides for an exchange, plementing the amendmen	reclassification, or e at if not contained in	ancellation of issued s the amendment itself	<del>nares.</del> ?:
(if not applica	ible, indicate N/A)			-
		NIG		
			<del>-</del>	

The date of each amendment(s) ado	ption:O6/09/21	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file d	(ale)
Note: If the date inserted in this blood document's effective date on the Depa	ck does not meet the applicable statutory filing requirement of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without sha	reholder action and shareholder
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the cient for approval.	amendment(s)
	wed by the shareholders through voting groups. The followch voting group entitled to vote separately on the amend	
"The number of votes east fo	r the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
Dated Ob	09/21	
St	nill	
Signature(By a dife	ctor, president or other officer – if directors or officers ha	ive not been
selected.	by an incorporator – if in the hands of a receiver, trustee,	or other court
appointed	fiduciary by that fiduciary)	
	SONIG M. TICIOS DIGZ	
_	(Typed or printed name of person signing)	
	president	_
	(Title of person signing)	