To:

Torida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAXMY'S CARRIER SERVICES

Account Number : 120840000007 Phone : (305)640-0281 Fax Number : (305)489-2902

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Cail. laxmys Cain's Q Smail. com

COR AMND/RESTATE/CORRECT OR O/D RESIGN JOP PROSTHETICS CORP

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COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION	TSP CARRIER CO	ORP			
DOCUMENT NUMBER: P21000049897					
The enclosed Articles of Amen	dment and fee are su	ibmitted for filing.			
Please return all correspondence	e concerning this ma	atter to the following:			
SANDR	O PORRAS MEND	IVELSON			
		Name of Contact Perso	n		
TSP CA	RRIER CORP				
		Firm/ Company			
1251 NE	E 108TH ST APT 60	S			
		Address			
MIAMI	FL 33161	· · · · · · · · · · · · · · · · · · ·			
		City/ State and Zip Cod	e		
GAIL.L.	AXMYSCARRIER@	GMAIL.COM			
E-n	ail address: (to be us	sed for future annual report	notification)		
For further information concern	ing this matter, pleas	se call:			
LAXMY CHACON		305	640-0281		
Name of Contac	t Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the follo	owing amount made				
	43.75 Filing Fee & ertificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is euclosed)		
Mailing Add Amendment S Division of C P.O. Box 632 Tallahassee, F	Section Orporations 7	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303		

Articles of Amendment to Articles of Incorporation of

TSP CARRIER CORP		
(Name	of Corporation as currer	tly filed with the Florida Dept. of State)
P21000049897		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	name of the corporation:	
name must be distinguishable and contain "Inc.," or Co.," or the designation "chartered," "professional association,	Corp." "Inc." or "Co".	"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 MUST BE A STREET ADDRESS)		5333 NW 165TH ST
		MIAMI GARDENS FL 33014
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5333 NW 165TH ST
		MIAMI FL GARDENS 33014
D. If amending the registered agent at new registered agent and/or the ne	nd/or registered office ad w registered office addre	dress in Florida, enter the name of the
Name of New Registered Agent	IVAN CHAVEZ IZQUII	
	5333 NW 165TH ST	
	(Florida s	rcei address)
New Registered Office Address:	MIAMI GARDENS	Florida 33014
		(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agen tered agent. I am familiar	st: with and accept the obligations of the position
	Signatura of Nove	Registered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed p		• •

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:

13054892902

(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	<u>v</u>	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) Change	<u>P</u>	SANDRO PORRAS MENDIVELSO	1251 NE 108TH ST APT 608	
Add		·	MIAMI FL 33161	
X Remove				
2)Change	P	IVAN CHAVEZ IZQUIERDO	5333 NW 165TH ST	
X Add			MIAMI GARDENS FL 33014	
Remove 3) Change	Р	STEFANY LEAL FLEITAS	5333 NW 165TH ST	
X Add			MIAMI GARDENS FL 33014	
Remove				:
4) Change				
Add			·	
Remove				
5) Change				
Add				
Remove				
δ)Change			****	
Add				
Ramous				

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