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A. RAMSEY MAY -4 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:TAY	DO VILLAGE CORPORA	ATION		
DOCUMENT NUM	BER: P21000061699				
The enclosed Articles	s of Amendment and fee are sul	omitted for filing.			
Please return all corre	espondence concerning this ma	ter to the following:			
	LOVETTE DOBSON				
		Name of Contact Person			
		Firm/ Company			
	17350 STATE HWY 249 STE 220				
	Address				
	HOUSTON, TX 77064				
		City/ State and Zip Code			
	EFILE1234@INCFILE.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
LOVETTE DOBSO	N	at (888-462-3453 de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
An Di P.C	ailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Division The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

TAY DO VILLAGE CORPORATION

2022 APR -7 AM 8: 40

(Name of Corporation	n as currently filed with the Florida Dept. of State) NY OF STATE
P21000061699	AND
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida 9 its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:
	The new
name must be distinguishable and contain the word "cor" Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviation "Corp" or "Co". A professional corporation name must contain the word viation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	
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	
new registered agent and/or the new registered o	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 Regist thereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Signat	ture of New Registered Agent, if changing
Charlette and the	

☐ 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)

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.

X Change <u>PT</u> John Doe Mike Jones X Remove $\underline{\mathbf{V}}$ X Add SV Sally Smith Address Type of Action <u>Title</u> Name (Check One) 10950 US HIGHWAY 98 N V ALLISON PHAM 1) X Change LAKELAND, FL 33809 __ Add Remove JASON HUYNH 4848 HIGH PASS DR D 2) ____ Change **SPARKS, NV 89436** Add Remove THUY NGUYEN 10950 US HIGHWAY 98 N _ Change LAKELAND FL 33809 Add Remove DINH PHAM 10950 US HIGHWAY 98 N 4) ____ Change LAKELAND, FL 33809 Add Remove TAMTUYEN T NGUYEN 10950 US HIGHWAY 98 N 51 ____ Change LAKELAND, FL 33809 Add _ Remove 6) _____ Change _ Add Remove

	or adding addition ional sheets, if neces	sary). (Be specific			
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f an ameno	lment provides for a	in exchange, reclas	sification, or cance	ellation of issued s	<u>hares,</u>
provisions	for implementing t	<u>ne amendment if no</u>	ot contained in the	amendment itself	<u>:</u>
(if not	applicable, indicate i	V/.4)			
	·				···
				-	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the I	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder a	ection and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	ent(s)
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following stator each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
()4/()1/2() Dated	22	
Signature	Thuy- Namen	
(By a selec	director, president or other officer if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other cinted fiduciary by that fiduciary)	
	THUY NGUYEN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	