## P21000086352

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	TD HOLDINGS 71	INC	
DOCUMENT NUMI	P21000086352	, sH+	
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	TOM DOAN		
		Name of Contact Person	1
	TD HOLDINGS 71 INC		
		Firm/ Company	
	8502 N ARMENIA AVE ST	E ID	
		Address	
	TAMPA, FL 33604		
		City/ State and Zip Code	2
	INFO@REBELTAXPRO.CO	ОМ	
	E-mail address: (to be us	ed for future annual report	notification)
		· <sub>V</sub> .	
For further information	on concerning this matter, pleas	se call:	
TOM DOAN		at ( <u>813</u>	494-0916
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 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)
Am Div P.C	illing Address mendment Section rision of Corporations D. Box 6327 lahassec, FL 32314	Amend Divisio The C	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 $\mathbb{N}^{n}$

(Name of Corporation as curr	<u>rently filed with the Flo</u>	rida Dept. of State)	
21000086352			
(Document Numb	per of Corporation (if kn	own)	
ursuant to the provisions of section 607.1006, Florida Statutes, Articles of Incorporation:	this <i>Florida Profit Corp</i>	oration adopts the foll	owing amendment
. If amending name, enter the new name of the corporation	<u>1:</u> 1.		
			The new
ime must be distinguishable and contain the word "corporation Inc.," or Co.," or the designation "Corp," "Inc," or "Co chartered," "professional association," or the abbreviation "F	". A professional corp	rporated" or the abbre oration name must c	viation "Corp.," ontain the word
Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADDRESS</u> )			
	'i		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Mutting dutiess MAT BE A TOST OF THE BOA)			
			<del></del>
			· · · · · · · · · · · · · · · · · · ·
. If amending the registered agent and/or registered office	address in Florida, ent	er the name of the	•
new registered agent and/or the new registered office add	lress:		-
Name of New Registered Agent	·		
	·	; ;	<u>;-</u>
(Florid	da street address)		
New Registered Office Address:		, Florida	
	(City)		(Zip Code)

. .

□ 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Namç</u>	<u>Addres</u> s
1) Change	Т	ANH NGUYEN	8502 N ARMENIA AVE STE 1D
$\frac{X}{X}$ Add	•		TAMPA, FL 33604
Remove			
2) Change			
Add			
Remove 3) Change			
Add		•	
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change		**14	
Add			
Remove			
6) Change			
Add			
Remove			

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	( )
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	**
	n see at the section of the section
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
	••
(if not applicable, indicate N/A)	

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11/19/2024 The date of each amendment(s) adoption: , 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) Fig. 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 (voting group) 11/19/2024 Dated Signature \_ (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) TOM DOAN (Typed or printed name of person signing) PRESIDENT

(Title of person signing)