Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H23000271598 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TAP SOLUTIONS INC

Account Number : I20210000103

Phone : (786)615-3057

Fax Number : (786)615-3058

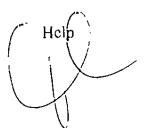
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN T & B REMODELING SERVICES CORP

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Corporate Filing Menu





August 4, 2023

FLORIDA DEPARTMENT OF STATE Division of Corporations

T & B REMODELING SERVICES CORP 1801 NW 18 TERRRACE 4

MIAMI, FL 33125

SUBJECT: T & B REMODELING SERVICES CORP

REF: P21000101188

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L19000144467.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline FAX Aud. #: H23000271598

Regulatory Specialist II Supervisor Letter Number: 423A00017692

Articles of Amendment Articles of Incorporation of

T & B REMODÈLING SERVICES CORP	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P21000101188	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
TINOCO GLOBAL SERVICES CORP	> The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "invorporated" or the abbreviation "Corp"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	:
C. Enter new mailing address, If applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address: Nume of New Registered Agent Nume of New Registered Agent	ess in Florida, enter the pame of the
(Florida stre	
(F107)Qa Sire	
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	i with and accept the obligations of the position.
Signature of New Re	egistered Agent, if changing
Check if applicable	

☐ The amendment(s) is/arc 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 = Treusurer; 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: XChange	<u>PT</u> <u>Joh</u>	n Doc	
X Remove	<u>v</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	GLADIZ D. CENTENO	519 CHESTNUT ST APT 1
XX Add			KEARNY, NJ 07032
Remove			
2) Change			
Add			
Remove 3) Remove			
Add			· · · ·
Remove			
4) Change			ء ن د
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an exch provisions for implementing the ame	nange, reclassificate	ion, or cancellation tained in the anier	n of usued snares. idment itself:	
(if not applicable, indicate N/A)				
				·

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after a	amendment file date)
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	y 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, or board of direct action was not required.	ctors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	rotes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting gamust be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient	for approval
by	
(voting group)	
Dated 08/04/23 Signature	
(By a director/president or other officer - if direct	
selected, by an incorporator - if in the hands of a rappointed fiduciary by that fiduciary)	eceiver, irustee, or other court
BISMARCK A. TINOCO CENTENO	
(Typed or printed name of person	on signing)
PRESIDENT	
(Title of person signing)	