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JAN 13 3. PRAT

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: <u>TCE A</u>	MGEL I.D	INC.	
DOCUMENT NUMBE	r: <u>122000</u>	00698371		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
_	BRADLEY	FREEMAN Name of Contact Person		
	BARCOS FREE	MAN SCHUSTE	R & POPE,	LLC
_	<u>~.,</u>	Address City/ State and Zip Code		
_		BRZOSFR		
For further information of	concerning this matter, pleas	se call:		
BRAD LE	y FRESMAN	at (<u>8</u> 47	742~ 8 800	EXT. 2020
Name of	Contact Person	Area Coo	le & Daytime Telephone	e Number
Enclosed is a cheek for t	he following amount made	payable to the Florida Depa	rtment 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)	
Ameno Divisio P.O. B	ig Address Iment Section on of Corporations ox 6327 assec, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite	e 810

Tallahassee, FL 32303

Articles of Amendment to

	Articles of Incorporation	•	022
	θf		30
(Name of C	orporation as currently filed with the Florida Dept. of State)		 1
(Name of C	or por ation as currently fried with the Piorida Dept. of State)	1	C
	(December 200 and 200		<u></u>
	(Document Number of Corporation (if known)	:	47
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this Florida Profit Corporation adopts the following	g ameno	dmenus) to
A. If amending name, enter the new name	of the corporation:		
I.C.E.D. ID	S INC.	The i	HCM.
	word "corporation," "company," or "incorporated" or the abbreviation," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A,"		
B. Enter new principal office address, if a (Principal office address <u>MUST BE A STRI</u>			_
			_
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)			
			
D. If amending the registered agent and/o new registered agent and/or the new re	r registered office address in Florida, enter the name of the gistered office address:		
Name of New Registered Agent	·	-	
_		_	
	(Florida street address)		
New Registered Office Address:	, Florida		_
	(City) (Zip)	Codei	
New Registered Agent's Signature, if chan			
r nevery accept the appointment as registered	d agent. I am familiar with and accept the obligations of the position.		
	Signature of New Registered Agent, if changing	_	
Check if applicable			
which is 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)

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	
X Remove	<u>V</u>	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			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additi	or adding additional onal sheets, if necessar	ry). (Be specific)			
					
<u> </u>					
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			-		
					
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nrovisions f	ment provides for an for implementing the	exchange, reclassi	fication, or cancel	<u>llation of issued sha</u> amendment itself:	ires,
(if not a	pplicable, indicate N/A	()	contained in the	amenoment resen-	
					
.					
					
					_

The date of each amendment(s) adoption:	, if other than
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 document's effective date on the Department of State's records.	will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	2922
"The number of votes east for the amendment(s) was/were sufficient for approval	2892 001
by	
(voting group)	<u>.</u>
Dated OCTOBER 17 2022	
Dated OCTOBER 17, 2022 Signature Beneficial	·
(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)	
BROOLEY FREMAN	
(Typed or printed name of person signing)	
INCORPORATOR	
(Title of person signing)	

the

the