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2022 OCT 21 PK 4: 38
SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section Division of Corporations:

NAME OF CORPO	RATION: TF LEGACY VEN	TURES INC		_				
DOCUMENT NUM	P33000070301			_				
The enclosed Articles	of Amendment and fee are sub	omitted for filing.						
Please return all corre	spondence concerning this mat	ter to the following:						
	PAUL THAYIL CPA							
	Name of Contact Person							
•	PAUL THAYIL CPA PA							
		Firm/ Company						
	5400 S UNIVERSITY DRIVE, SUITE 111							
	Address							
	DAVIE, FL 33328							
	City/ State and Zip Code							
	PTHAYILCPA@TAXPROCONSULTANTS.NET							
E-mail address: (to be used for future annual report notification)								
For further information	on concerning this matter, pleas	e cali:						
PAUL THAYIL CPA		954 at (432-1099					
Name	of Contact Person	Area Co	de & Daytime Telephone N	umber	2022			
	or the following amount made p			ALL AR	2022 OCT 2 I	Self-ran Lancasia Lancasia Lancasia Lancasia		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fea & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	Y OF SWIE	PH 4: 38			

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation οſ

TF LEGACY VENTURES INC					
(<u>Name of Corpora</u>	ation as currently f	iled with the Florida	Dept. of State)		
P22000079201			<u> </u>		
(Doc	rument Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006. Flor its Articles of Incorporation:	rida Statutes, this Flo	orida Profit Corporat	tion adopts the follow	ring amendu	nent(s) to
A. If amending name, enter the new name of the	corporation:				
				The ne	
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abl	nc." or "Co". A p				
B. Enter new principal office address, if applical	<u>ble:</u>				_
(Principal office address MUST BE A STREET A					
					_
					_
C. Enter new mailing address, if applicable:					
(Mailing address <u>MAY BE A POST OFFICE I</u>	<u>BOX</u>)				-
					_
					_
If amending the registered agent and/or registered agent and/or the new registered.		<u>s in Florida, enter ti</u>	ne name of the	2:	
			되다	372	
Name of New Registered Agent					
				_2 ;	ent m
	(Florida street	address)	- S	"ئ ت	T.
New Registered Office Address:			, Florida 👯 🙃	<u> </u>	
	(C)	ίιγ)	(4)	p Cnue) ⊂⇔	_
			iri.	ထ	Ą.
New Registered Agent's Signature, if changing R	Registered Agent:				
I hereby accept the appointment as registered agent		h and accept the oblig	gations of the position	ı.	
Si	mature of New Rev.	istered Agent, if chan	ving		
	الارغور برجوب الار ديسينيانا	miles are regarded by a dead.	aq		
Check if 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 Doc	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PSTD	PAUL A THAYIL	20354 NW 2ND AVE
Add			MIAMI GARDENS,
X Remove			FL 33169
2) Change	PSTD	SARAH A THAYIL	20354 NW 2ND AVE
X Add		-	FL 33169
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if	ditional Articles, ente	cific)	•		
(Anach adamonur snects, y	necessary). (Despe	(ijit)			
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	•				
					
					
		<u>.</u>			
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If an amendment provide	s for an exchange, rec	classification, or	cancellation of issu	ed shares,	
provisions for implemen (if not applicable, ind	ting the amenument i licate N/A)	ir nor Contained i	n me amenument i	isen.	
(4)	,				
			<u>.</u>		
			•		
			····		
	,			-	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
•		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements. Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amen sufficient for approval.	dment(s)
	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment(
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	,	
	(voting group)	
OCTOBI Dated Signature	Thay flu	
(By a selec	director, president or other officer – if directors or officers have no ted, by an incorporator – if in the hands of a receiver, trustee, or oth inted fiduciary by that fiduciary)	
	PAUL THAYIL CPA	
	(Typed or printed name of person signing)	
	PSTD	
	(Title of person signing)	