P23000009514

(Requestor's Name)	
	Address)	
	Address)	
(City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Business Entity Name)	
	Document Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to F	Filing Officer:	
-		

Office Use Only



700409471977

\$100 (40) \$40 (1975) 7 600 (50) (50) (50) (50)

2020 MAY 25 PM 4: 04

2023 HF / 25 PH 3: 42

13 2023

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: TAB SOFT USA FULL
PABOUDOU 95/4 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MANAZ VASIETN Name of Contact Person Firm/ Company 10260 Sleepy Brik Way
City/ State and Zip Code BocA RATO N R 33428

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (561), #31 - 1710

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S52.50 Filing Fee S43.75 Filing Fee & □\$43.75 Filing Fee & S35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of	· }
TAB SOFT USA =	FNC:
(Name of Corporation as currently fil	ed with the Florida Depti of State)
P23000095	14
(Document Number of Co	rporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation." "com" "Inc" or Co.," or the designation "Corp," "Inc." or "Co". A p. "chartered," "professional association," or the abbreviation "P.A."	pany, "or "incorporated" or the abbreviation "Corp.," rofessional corporation name must contain the word
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)	s in Florida, enter the name of the
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	is in Fiorion, enter the name of the
Name of New Registered Agent	
(Florida stree	addfess)
Now Begintered Office Address'	Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	

Check if applicable

☐ The amendment(s) is/arc being filed pursuant to s. 607.0120 (11) (c), F.S.

tach additional sheets, i	iditional Articles, en If necessary). (Be sp	pecific)				
				_		
				/		
			/			
		/				
		/				
	/					
						
<u></u>						
					-1	
f an amendment prov	<u>ides for an exchange</u>	<u>, reclassificati</u>	on, or cancellat	non or issued	<u>snares.</u> lf:	
provisions for implem	leuting the amenuin	ent it not conti	inea in the an	endment its	<u></u>	
(if not applicable,	indicate (N/A)					
 -						
			/			
						
		$- \neq$				
		/				

•	5/23/2023	, if other than the
The date of each amendment(s) adopti date this document was signed.	on:	
Effective date if applicable:	(no more than 90 days after ame	ndment file date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory f	iling requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	I by the incorporators, or board of directo	rs without shareholder action and shareholder
the amendment(s) was/were adopted by the shareholders was/were suffici	d by the shareholders. The number of votient for approval.	es cast for the amendment(s)
The amendment(s) was/were approvemust be separately provided for each	ed by the shareholders through voting gro h voting group entitled to vote separately	oups. The following statement on the amendment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for	r approval
by	(voting group)	"
Dated		
selected, b	tor, president or other officer – if director by an incorporator – if in the hands of a re- fiduciary by that fiduciary)	rs or officers have not been ceiver, trustee, or other court
_	(Typed or printed name of perso	n signing)
	Proldent	
	(Title of person signing)	

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	$\overline{\mathrm{b.l.}}$	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	VP	Miashaheed Yasieen	10260 Sleepy Brook Way
Add			Boca Raton FL 33428
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			<u> </u>