P23000022067

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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TBA Prospective 1	nc				
DOCUMENT NUM	P23000022067					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following:				
	Mohammed Alam					
	Name of Contact Person			_		
	TBA Prospective Inc					
	Firm/ Company					
	315 S Poplar Ave					
	Address					
	Sanford FL 32771					
	City/ State and Zip Code					
	alammohammed58@yahoo.c	an a				
		sed for future annual report	notification)			
		,				
For further information	on concerning this matter, pleas	se call:			~	
N. 1		107	120, 2000	200	5023 JUN -9	
Mohammed Alam		at () 430-3008		Ę	-
Name of Contact Person		Area Co	de & Daytime Telephone Num	ber = =	10	-
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:			
S35 Filing Fee	□S43.75 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)	OF STATE	!:: 0% <u>-</u>	•
An Div P.C	niling Address nendment Section rision of Corporations D. Box 6327 dlahassee, FL 32314	Amenc Divisic 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

TBA Prospective Inc
(Name of Corporation as currently filed with the Florida Dept. of State)
P23000022067
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
N/A The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
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 in Florida, enter the name of the
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent
Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida, Florida
(City) (Zip. Code) —
m +
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing
Charle if applicable
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

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

address of each Officer and/or Director being added:

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	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	Syed H Bablu	401 W Seminole Blvd
Add			Sanford, FL 323771
X Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			TAL
4) Change			
Add			, -
Remove			
5) Change			FI
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)		
WA.			
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		(A)	=
		TALL A	23
. If an amendment provides for an excha	inge, reclassification, or cancellation of issued shares,		2023 JUN
provisions for implementing the amen	dment if not contained in the amendment itself:	<u> </u>	9
(if not applicable, indicate N/A)		٠. ٠	!
V/A			•
		E FL	à
		<u> 2</u>	-

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	06/05/2023	7.8 A -3 -1
The date of each amendment(s) a date this document was signed.	idoption:	, if other than the
06/	05/2023	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date repartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	r
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
June 05, 2	023	
Dated	2 . /	
Signature (By a	ish	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Syed H Bablu	
	(Typed or printed name of person signing)	
	Vic President	პი თ
	(Title of person signing)	JUN -9
		STATE
		ATE I