P23000022067

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TBA PROSPECT	IVE INC		
	BER: P23000022067			
	s of Amendment and fee are su	abmitted for filing.		
Please return all corre	espondence concerning this ma	atter to the following:		
	RIZWA NOOR			
		Name of Contact Perso	n	•
	TBA PROSPECTIVE INC			
	Firm/ Company			
	315 S POPLAR AVE			
	Address			
	SANFORD, FL 32771			
		City/ State and Zip Cod	e	
	RIWZASHAN@GMAIL.COM			
	E-mail address: (to be u	sed for future annual report	notification)	
			~	
For further information	on concerning this matter, plea	se call:		
RIZWA NOOR		at (³²¹	527-6934	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fe	or the following amount made	payable to the Florida Den	artment of State:	전투 2 · ·
	3	, -,		3 AUG
№ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	2023 AUG -L PH 3: 56
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	, щ

Articles of Amendment to Articles of Incorporation of

TBA PROSPECTIVE INC

(Name	of Corporation as curren	tly filed with the Florida	Dent of State)	
P23000022067		in med with the Florida	Dept. of State)	
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1.1006, Florida Statutes, this	s Florida Profit Corporatio	on adopts the following amen	dment(s) to
A. If amending name, enter the new n	name of the corporation:			
N/A			T1	
name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association,	Corp." "Inc." or "Co".	A professional corporation	ted" or the abbreviation "Cor	new p.," vord
B. Enter new principal office address,	if applicable:			
(Principal office address MUST BE A S	STREET ADDRESS)		-	
				
		 .		
C. Enter new mailing address, if appl				
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)	 -		
				_
				_
 If amending the registered agent an new registered agent and/or the ne 	<u>ad/or registered office ado</u> w registered office addres	Iress in Florida, enter the s:	name of the	20
Name of New Registered Agent	RIZWA NOOR		T CI	2023 AUS -4 PH 3:
	315 S POPLAR AVE		一二品	(F)
	(Florida st	reet address)	————— 天計	2 -
New Registered Office Address:	SANFORD		Florida 32771	PH
rem registered Office Address.		(City)	(Zip Code) C	∸ ယူ
			7	56
			•	rri
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent	t: with and account the obliga	tions of the maritime	
The control of the co	erea agent. Tam jamiliar	with and accept the ootiga	ions of the position.	
	D			
	- Kus			
	Signature of New I	Registered Agent, if changing	ng	
Check if applicable				
☐ The amendment(s) is/are being filed p	ursuant 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 = 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> <u>Jo</u>	ohn Doe		
X Remove	<u>V</u> <u>M</u>	like Jones		
X Add	SV Sa	ally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
i) Change	P	MOHAMMED ALAM	120 QUEENS CT	
Add			SANFORD FL 32771	
x Remove				
2) Change	P	RIZWA NOOR	2830 GROVE DRIVE	
x Add			SANFORD FL 32773	
Remove 3) Change				
Add				
Remove				
4) Change				,
Add			SEC KET	2
Remove				วั
5) Change				e E
Add				بت (م
Remove				у Л
6) Change				
Add				
Remove				

Attach additional sheets, if necessary). (Be specific)			
			
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	_		
			
an amendment provides for an exchange, reclassification, or cancellation of issued shares,			
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	•	s	2.7
(у погаррисате, такае ууд)		₹ <u>0</u>	2023 Å
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	<u> </u>	٠, (主
		STATE	NS -4 PM 3: 56
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	07/28/2023	
The date of each amendment(s) date this document was signed.	adoption:	_, if other than the
Effective date <u>if applicable</u> :	7/28/2023	
Encerve date <u>it applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and s	hareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	n	
, <u> </u>	(voting group)	
JULY 28, Dated		
select	director, president or other officer – if directors or officers have not been icd, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	-
	RIZWA NOOR	
	(Typed or printed name of person signing)	
	PRESIDENT	TA TA
	(Title of person signing)	SECRIFIES