P95000063854

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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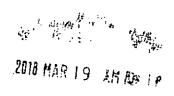
2018 MAR 19 AM BR 19

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TCMN INC	_ "	
DOCUMENT NUMB	P05000063854		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Steve Erblat		
•		Name of Contact Person	n
	TCMN Inc		
•	, , <u></u>	Firm/ Company	
	8221 W Glades Rd		
-	<u>-</u>	Address	
	Boca raton, FL 33434		
-		City/ State and Zip Cod	e
rich@	bocaaccounting.com		
	_	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	226-4646
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



TCMN Inc

(Name of Corporation as currently filed with the Florida Dept. of State)
P95000063854
(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 its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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 new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida
(Eny) (Exp Code)
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

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>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u> `	Sally Sr	nit <u>h</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	PD	_	Steve Erblat	8221 W Glades Road
x Add				Boca Raton FL 33431
Remove				
2) Change		_		-
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
17 ± 4 ± 4 ± 2 ± ± ± ± ± ± ± ± ± ± ± ± ± ±	
-	
f an amandmant pravidas for an arab	hange realessification or consultation of issued shares
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s)	March 12 2018	if other than the
date this document was signed.	auoption:	, if other than the
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 I	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)	(<u>CHECK ONE</u>)	
■ 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.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
3/12/2018 Dated	8	
Signature	Stem Eillet	_
	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court	
	inted fiduciary by that fiduciary)	
	Steve Erblat	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	