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COVER LETTER

Division of Corporations NAME OF CORPORATION: TMS ENTERPRISE OF CENTRA FLORISA INC P970000 7466 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Maevin Sheets
Name of Contact Person ENTERPRISE OF CENTRAL FLORIDA INC.
Firm/ Company Moody BIND - UNIT EZ FLORISA 32110 City/ State and Zip Code MARYINS GARDEN INC A JAhoo. COMO E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>386</u>) <u>793. £992</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

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 of

TMS ENTERPRISES OF CENTRAL T	FLORISA FAC.		_
(Name of Corporation as current)	y filed with the Florida Dept. of State)		
(Document Number of Pursuant to the provisions of section 607,1006, Florida Statutes, this	f Corporation (if known) Florida Profit Corporation adopts the following	ng amendment(s)	_ to
its Articles of Incorporation:			
A. If amending name, enter the new name of the corporation:			
		Thenew	
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must conta		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	460, E. MOODY BULL BUNNELL FLORIDA	N2TE2	
	32110		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		7(1)	
		(CP)	
		<u>্</u> র	
			
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		至。	•
	<u>.</u>	بو	•
Name of New Registered Agent	-	- 5	
(Florida etc	reet address)	_	
New Registered Office Address:	(City), Florida, Florida	 c Code)	
		,	
New Registered Agent's Signature, if changing Registered Agent			
I hereby accept the appointment as registered agent. I am familiar v	мин апа ассерь те отядиить ој те розион.	•	
Signature of New R	egistered Agent, if changing		
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)

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.

Example: X Change	<u>PT</u> <u>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	_5_	DARBI WILBANKS	PO Box 1487
Add			BUDDELL FLOREDA
<u> </u>			32110
2) Change			
Add			
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

	eets, if necessary).	(Be specific)			
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an amenument pr provisions for impl	lementing the ame	ndment if not co	ntained in the arr	<u>non or issueu snare</u> sendment itself:	<u>7</u> .
provisions for impl (if not applicable	le, indicate N/A)	indirective in more co	in the diff	· · · · · · · · · · · · · · · · · · ·	
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			4.		

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The date of each amendment(s) a date this document was signed.	adoption:				if other than the
Effective date <u>if applicable</u> :	august	<i>3</i> 0,	2020		
	(no mo	re than 90	days after amendmer	t file date)	
Note: If the date inserted in this document's effective date on the E			able statutory filing re	equirements, this date will not	be listed as the
Adoption of Amendment(s)	(CHECK O	<u>NE</u>)			
The amendment(s) was/were ac action was not required.	dopted by the incorpor	ators, or b	oard of directors with	out shareholder action and sha	reholder
☐ The amendment(s) was/were ac by the shareholders was/were:			number of votes cast	for the amendment(s)	
☐ The amendment(s) was/were apmust be separately provided for					
"The number of votes cas	st for the amendment(s	s) was/wer	e sufficient for approv	val	
by				· · · · · · · · · · · · · · · · · · ·	
	(voting group	p)			
Dated	uz 20,202	<u>U</u>			
Signature	mc_				
select	director, president or c ed, by an incorporator nted fiduciary by that	– if in the			
	MAR	VIN	SHEETS		
	(Typed o	r printed n	ame of person signing	g)	
	A	ESIL	IJ <i>T</i>		
	(Title of	person sig	ning)	_	