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COVER LETTER

TO: Amendment Section Division of Corporations

A Company of the Company

NAME OF CORPORA	T. L. S	heet Metal	Inc.
DOCUMENT NUMBE	R: <u>V22665</u>	<u>Y</u>	
The enclosed Articles of	Amendment and fee are su	abmitted for filing.	
Please return all correspondent	ondence concerning this ma	atter to the following:	
	T.L. 5 P.O. [Tampa	Firm/ Company 3 × 8838 Address FL 336 City/ State and Zip Cod	TNC.
	E-mail address: (to be us	metal 1 (a) sed for future annual report	verizon. Net
	oncerning this matter, pleas		V 971-3780
Name of (Contact Person	Area Co	<u>871 - 3780</u> de & Daytime Telephone Number
Enclosed is a check for th	ne following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mallin	n Address	Strant	A distance

Malling Address
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

Ch# 19500 Copy

Articles of Amendment to Articles of Incorporation

Articles of In			
T. L. Sheet Metal (Name of Corporation as current	=	A)	
V 22664	_	ני	
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the	following amendm	ent(s) to
A. If amending name, enter the new name of the corporation:			
<i>N/A</i>		The new	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A."	A professional corporation when when	bandadan (Cama)	,,
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<i>N</i> /A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	2022 OCT -3	<u></u>
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Note: New Registered Agent	ress in Florida, enter the name of the	AH IO: 05	
Many Provinces 1 Office 4 11	,		
New Registered Office Address:	(City) Florida	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar w	with and accept the ablivations of the pas	sitian	
· · · · · · · · · · · · · · · · · · ·	and accept the congulations of the pas	15665777.	

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.

Example:

X Change	<u>PT</u>	<u>John Doe</u>			
X Remove	Y	Mike Jones	1		
_X Add	<u>sv</u>	Sally Smith	1		
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	n me		Address
1) X Change	PD		hristopher M. Will	iams	9261 Wellstone Dr.
Add					Land O Lakes, FL
Remove				-	34638
2) Change	VD	_ 7	homas L. William	<u>៤</u>	25800 Apple Blossom Ln
Add					Wesley Chapel, FL
Remove Change		<u> </u>			33544
Add					
Remove				•	
4) Change		-			
Add				-	
Remove				_	
5) Change					
Add				_	
Remove				_	
O Change				_	
Add				_	
Remove				_	

Attach additional she	ets, if necessary).	ticles, enter change(s (Be specific)			
NA					
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in amendment provi	des for an avaka				
ovisions for impleme	enting the among	nge, reclassification, dement if not contained	or cancellation of i	ssued shares,	
(if not applicable, ii	idicate N/A)	mient if not containe	d in the amendmen	<u>it itself:</u>	
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10/4					
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The date of each amendment(s) adoption: September 21, 2022 , if other the date this document was signed.	an the
The date of each amendment(s) adoption: September 2, 2022 , if other the date this document was signed. Effective date if applicable: October 1, 2022	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Signature Mary D. Williams (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed of printed name of person signing)	
Treasurer Divector (Title of person signing)	

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