M83184

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AUG 2 0 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Ally Pharma U	IS, Inc.	
DOCUMENT NUMBER:	M83184		
The enclosed Articles of A	nendment and fee are su	bmitted for filing.	
Please return all correspond	lence concerning this man	tter to the following:	
The	omas McCrimmon		
ALI	LY PHARMA US, IN	Name of Contact Person	1
507	' East Comanche A	Firm/ Company NVC.	
Tar	npa, Florida 33604	Address	
		City/ State and Zip Code	
jobozz@	yahoo.com		
 ,,,	E-mail address: (to be us	ed for future annual report	notification)
For further information con	cerning this matter, pleas	e call:	
Thomas McCrimmor	ı	813 at (713-1776
Name of Co	ntact Person		de & Daytime Telephone Number
Enclosed is a check for the	following amount made p	payable to the Florida Depa	rtment 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)
Division P.O. Box	ent Section of Corporations	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle issee, FL 32301

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' Articles of Amendment

Articles of Incor	poration		
of ALLY PHARMA US, INC.		The state of the s	1
(Name of Corporation as currently filed with the Flor M83184	rida Dept. of State)	14 AUG II P	
(Document Number of Corporation (if k	nown)	TALLAMA St. , 1	- - 563
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporati		
A. If amending name, enter the new name of the corporation: TPT GLOBAL TECH, INC.			The way
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional con	corporated" or the a rporation name must	_The nev bbreviatio contain th
B. Enter new principal office address, if applicable:	600 WEST BRC	ADWAY	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE 600		_
	SAN DIEGO, CA	N 92101	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	507 EAST COM	ANCHE AVE	
	TAMPA, FL 3360)4	_
			_
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: N/A	s in Florida, enter the	name of the	
Name of New Registered Agent			
(Florida street	address)		
(Florida street New Registered Office Address: (City)	,	rida(Zip Code)	_

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 <math>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 D	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1) Change	CEC	D	STEVE J. THOMAS I	11	600 WEST BROADWAY
Add					SUITE 600
Remove					SAN DIEGO, CA 92101
2) Change	ΔΛ		JACK NAJJAR		P.O. BOX 690211
Add		_			ORLANDO, FL 32869
Remove					
3) Change					
Add					
Remove					
4) Change				· · · · · · · · · · · · · · · · · · ·	
Add				•	<u></u>
Remove					
5) Change					
Add		_	•		
Remove					
6) Change					
Add		_			
$\overline{}$					
Remove					

Attach additional sheets, if necessary).	(Be specific)
\	(20 specific)
`	
<u> </u>	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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The date of each amendment		_, if other than the
date this document was signed	AUGUST 1, 2014	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
AUC	GUST 2, 2014	
DatedSignature	1/2 M10/	
(E	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)	
	THOMAS MCCRIMMON	
	(Typed or printed name of person signing)	
	PRESIDENT/DIRECTOR	
	(Title of person signing)	