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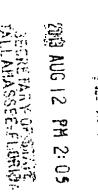
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Division of Corpo	orations			ين رقع
NAME OF CORPOR	RATION: TOC-703, Inc.			想是多
DOCUMENT NUMI				THE STATE OF THE S
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Lynn B. Lewis			72.
		Name of Contact Person	1	_
	Lynn B. Lewis, P.A.	- <u>-</u>		
		Firm/ Company		
	501 Brickell Key Drive, Suit			<del></del>
		Address		
	Miami, FL 33131			
		City/ State and Zip Cod	e	
lynnl	ewis@lblpa.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
Lynn B. Lewis		at (	374 - 0148	
Name of Contact Person		Area Code & Daytime Telephone Number		ber
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

## Articles of Amendment to Articles of Incorporation

TOC-703, Inc.

10C-703, Inc.			
(Name o	f Corporation as curren	tly filed with the Florida Dept. of State)	37.77
207000131319			100 /2 100 /2
	(Document Number	of Corporation (if known)	16.0
Pursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following	lowing amend
. If amending name, enter the new na	me of the corporation:		
No change			The ne
	ation "Corp." "Inc." or	ion," "company," or "incorporated" or t "Co". A professional corporation name i "P.A."	he abbreviati
Enter new principal office address,	if applicables	No change	
Principal office address <u>MUST BE A S</u>			
Enter new mailing address, if appli (Mailing address <u>MAY BE A POST C</u>		No change	
<ol> <li>If amending the registered agent an new registered agent and/or the new</li> </ol>			
Name of New Registered Agent	No change	<u> </u>	
Name of New Registered Agent			<del></del>
	(Florida s	treet address)	
	17 107 1881 3	, and the second	
New Registered Office Address:		Florida	(Zip Code)
			,,,,,
•			
	anging Degistered Agen	it.	
Sew Registered Agent's Signature, if ch	IANZINZ NEZISIELEU AZEN		
-	annaina Pagistarad Agan		(Zip Cod

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 = Chie 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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Ast. S	Virginia Forster	290 NW 165 ST.
Add			STE. M-400
X Remove	•		MIAMI, FL 33169
2) Change	Ast. S	Mary Izrailov	290 NW 165 ST.
X Add			STE. M-400
Remove			MIAMI, FL 33169
3 ) Change			
Add	•		
Remove			
4) Change			
Add			
Remove	•		
5) Change			
Add			
Remove			
6) Change	-		
		<del></del>	
Add			
Remove			

o change	•					
			<del></del>	<u></u>		
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	•	<del></del>				
If an amendme	nt provides for an a	exchange, reclass	ification, or cance	Hatian of issued s	hares	
provisions for	nt provides for an o	mendment if not	contained in the	amendment itself:		
(if not app /A	licable, indicate N/A	)				
'A						
			<del></del>			

The date of each amendmen	August 5, 2019	, if other than the
date this document was signed		, if other than the
•	August 5, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendmen ere sufficient for approval.	ıt(s)
	re approved by the shareholders through voting groups. The following states ed for each voting group entitled to vote separately on the amendment(s):	ment
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehol	lder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Augu	ist 5, 2019	
Dated Signature	Alaba	
(F se	By a director, president or other officer — if directors or officers have not bee elected, by an incorporator — if in the hands of a receiver, trustee, or other coppointed fiduciary by that fiduciary)	
	Alvaro da Silva	
	(Typed or printed name of person signing)	
•	President, Director, Treasurer, Secretary	
	(Title of person signing)	