P69000075074

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TOTUM INTERNATIONAL CORP.
DOCUMENT NUMBER: <u>P09000075074</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Juan C. Diaz
Name of Contact Person
TOTUM INTERNATIONAL CORP
Firm/ Company
5141 NW 79th Avenue, #2-C
Address
Doral, FL 33166
City/ State and Zip Code
inter_auto@hotmail.com
E-mail address: (to be used for future annual report notification)
,
For further information concerning this matter, please call:
Carlos J. Reyes at (954) 369-1993
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

TO+	rum To	location	al Carp	
(Nagre	of Corporation as curren	tly filed with the Florida De	ept. of State)	
)40000°	15074		
·	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation	adopts the following amendment(s) to	
A. If amending name, enter the new na	ame of the corporation:			
·			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corpo	porated" or the abbreviation tration name must contain the	
B. Enter new principal office address,		5141 NW 79th Ave	nue	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		#2-C		
		Doral, FL 33166		
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u> (5141 NW 79th Ave	enue	
		#2-C		
		Doral, FL 33166		
D. If amending the registered agent an new registered agent and/or the new	d/or registered office add v registered office addres	lress in Florida, enter the na s:	ime of the	
Name of New Registered Agent	Reyes Law Group, F	P.A		
	150 S. Pine Island, S	Suite 210		
	•	reet address)		
New Registered Office Address:	Plantation	(Cirv)	_, Florida_33324 (Zip Code)	
		(0.0)	(Lip Code)	
New Registered Agent's Signature, if ch hereby accept the appointment as registe	nanging Registered Agent	:: with and accept the obligation	ns of the position.	
	Color	Rega	FEB 26 A 1 CRETARY OF S AHASSEE, FL	
	signature of New E	Registered Agent, if changing	A III 34 OF STATE E. FLORIDA	
	-		•	

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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	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	D/PS	Juan C. Diaz	18800 N.E. 29th Avenue
XAdd			Aventura, FL 33180
Remove			
2) Change	D/VP	Gregorio Diaz	1880 N.E. 29th Avenue
X Add			Aventura, FL 33180
Remove	PSD	Rafael Zuzolo	9737 NW 41st Street
3) Change		Nation Edizoto	Suite 679
Add			
X Remove			Miami, FŁ 33178
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

Attach additional sheets, if necessary)	(Be specific)			
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f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassification endment if not contain	n, or cancellation of ned in the amendme	issued shares, nt itself:	
		_		
	·			

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ıt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes east for the amendment(s) was/were sufficient for approval	
by'''	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareho action was not required.	lder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 0.2 / 20 / 20 / 8 / 1	
Signature	
(By a director, president or other officer – if directors or officers have not bec	
selected, by an incorporator if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	ourt
<i>V</i> .	
Rafael Zuzolo	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

. .



Check Request Form

Date:	2/20/2018
Date Needed by:	2/21/2018
Check Payable to:	Florida Department of State
Street Address:	Division of Corporations, Clifton Building, 2661 Executive Center Circle
City/State/Zip:	Tallahassee, FL 32301
Tax ID No.:	n/a
Vendor Invoice No. (attach invoice)	n/a
Check Amount:	35.00
Requested by:	Carlos Reyes
Client/Matter No.:	1963.01
Description:	Please mail via FedEx priority overnight.
	pd CK#60302