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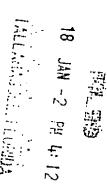


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COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORA	ATION: TURPIC CORP.			
DOCUMENT NUMBE				
	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
·	•	ROCCO LAMURA		
	Personal I	Name of Contact Person		
-	TOSOLII	NI, LAMURA, RASILE &	TONIUTTI LLP	
		Firm/ Company		
_		' LINCOLN ROAD, SUITI	E 11-C	
		Address		
		IAMI BEACH, FLORIDA		
		City/ State and Zip Cod	e	
		rocco.lamura@tlrtlaw.cc	om	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
ROCCO LAMURA		at (564-5400	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a cheek for	the following amount made	payable to the Florida Depo	artment 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		Street Address		
	idment Section ion of Corporations	Amendment Section Division of Corporations		
	Box 6327	Clifton Building		
Tallai	nassee, FL 32314		Executive Center Circle assee, FL 32301	
		ranan	appeal for painting	

Articles of Amendment Articles of Incorporation

TURPIC CORP.

	P17000	032654		
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, th	is Florida Profit Corporati	on adopts the following	g amendment(s
A. If amending name, enter the new name	of the corporation:			
				The new
name must be distinguishable and contain "Corp." "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or	"Co". A professional co		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		407 LINCOLN ROA	D	
		SUITE 11-C		
		MIAMI BEACH, FL	ORIDA 33139	
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)	407 LINCOLN ROAD			
		SUITE H-C		18
		MIAMI BEACH, FL	ORIDA 33139 💭	
D. If amending the registered agent and/o new registered agent and/or the new re			e name of the	1-2 媚
	OCCO LAMURA		ا المراجعة المراجعة	平 题
· · · · · · · · · · · · · · · · · · ·	7 LINCOLN ROAD.	SUITE 11-C		- -
-	(Florida street oddress)		E	, 2
New Registered Office Address:	MIAMI BEACH . Flori		. Florida	
	(City)		(Zip C	'oder

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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, Alike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	<u>John Do</u>	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
_X Add	<u>şv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
2) Change	···			
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				No.
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Damaya				

f amending or adding additional Arti Mach additional sheety, if necessary).	(Be specific)
	······································
, 	
f an amendment provides for an excl provisions for implementing the ame	chauge, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
(if not applicable, indicate NA)	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date <u>if applicable</u> :	
(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 defocument's effective date on the Department of State's records.	ate 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 east for the amendment by the shareholders was/were sufficient for approval.	S)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	<i>સ્તા</i>
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	
(By a director, femident or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other cou appointed fiduciary by that fiduciary)	
MAURIZIO TURELLA	
(Typed or printed name of person signing)	
DIRECTOR	

(Title of person signing)