435459

(Requestor's Name)					
(Address)	-				
(Address)					
(City/State/Zip/Phone #)	_				
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
	,				

Office Use Only



600273041816

05/22/15--01019--017 **\$2.50

15 MM 22 PH 3: 42

WAY 28 2015 C LEWIS

COVER LETTER

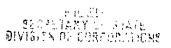
TO: Amendment Section Division of Corporations						
NAME OF CORPORATION: TOLE & Decrs Inc. DOCUMENT NUMBER: 435459						
DOCUMENT NUMBER: 435459						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Tly SUAREZ Name of Contact Person						
Name of Contact Person						
Name of Contact Person TOLEDO TRON Works Firm/ Company						
Firm/ Company						
4710 NW 37 Ave Address MIAMIF, FL 33142 City/ State and Zip Code						
Address						
MFAMIF, FL 33142						
City/ State and Zip Code						
E-mail address: (to be used for future annual report notification)						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Tly Suavez at (305) 633-4352 Name of Contact Person Area Code & Davtime Telephone Number						
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:						
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) 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 of



15 MAY 22 PM 3: 42

ion (if known)
rofit Corporation adopts the following amendment(s)
The new
The new pany," or "incorporated" or the abbreviation professional corporation name must contain the
MA
N/A
rida, enter the name of the
· · · · · · · · · · · · · · · · · · ·
, Florida (Zip Code)
ccept 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, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

<u>X</u> Change	<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>	Name	1 . /	Address
I) Change	<u>\</u>	Bryan Mic	had Suria	4710 NW 37 Ave. Micmi, FL 33142
X Add		3		Miami, FL 33142
Remove				
2) Change		-		
Add				
Remove				
3) Change				
Add				TTTT 10.44 FEB.
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				7 T Martin 1 M Co.
Remove				
6) Change		_		
Add				
Remove				

tach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
NA	
	1 1 m
	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
ovisions for implementing the amer	
ovisions for implementing the amer (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	and a to be control for Paris
(if not applicable, indicate N/A)	ruship to be 50% for torsic
(if not applicable, indicate N/A)	ruship to be 50% for Porsic
(if not applicable, indicate N/A)	ruship to be 50% for Porsic c Vice President.
(if not applicable, indicate N/A)	ruship to be 50% for President.
(if not applicable, indicate N/A)	reighip to be 50% for Persico
(if not applicable, indicate N/A)	ruship to be 50% for Porsic c Vice President.
(if not applicable, indicate N/A)	reighip to be 50% for Persic c Vice President.

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 05/18/15	alvialus de correction
Effective date if applicable: 05/18/15 (no more than 90 days after amendment file date)	15 MAY 22 PM 3: 42
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following so must be separately provided for each voting group entitled to vote separately on the amendment(s)	datement):
"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 share action was not required.	eholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	der
Dated 05/18/15	
	١
Signature	
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or other	
appointed fiduciary by that fiduciary)	COURT
GUILLEAMO SUAREZ	
(Typed or printed name of person signing)	
PAESTDENT	
(Title of person signing)	