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SECRETARY OF STATE DIVISION OF CORPORATIONS

V HERRING MAR 2 3 2017

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: TOOHENSIS, Inc.
DOCUMENT NUMBER: POSSO 7 11 6
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
115a Minutillo
Name of Contact Person Name of Contact Person The Contact Person Name of Contact Person The Contact Pe
825 NW 61515
FHLAuderdale FL 33309
City/ State and Zip Code
E-mail address: (to be used for future annual tehort notification)
· ·
For further information concerning this matter, please call:
15a Minutilo at 954, 540-8860
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 □ \$43.75 Filing Fee Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to



	Articles of Incorporation	DIVISION OF CORPORATION
	TOOH ENSIR	2817 MAR 2 1 PH 3: 28
(<u>Name of Corpora</u>	ntion as currently filed with the Flo	rida Dept. of State)
	<u>06000084718</u>	
(Doci	ument Number of Corporation (if kno	own)
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this <i>Florida Profit Corp</i>	oration adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the	rp, " "Inc," or "Co". A professione	
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AL		- 4000
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u>)	
D. If amending the registered agent and/or registence new registered agent and/or the new registered		r the name of the
Name of New Registered Agent		
~	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re	gistered Agent:	
hereby accept the appointment as registered agent.	I am familiar with and accept the o	bligations 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 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: X Change	PT John		
			·
X Remove	<u>V</u> <u>Mike</u>		
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name / / /	<u>Addres</u> s
1) X Change	PSD	459 Minut/110	672 NCJ 1004 Way
Add			Ibraidurings FXB30/1
Remove		0 1 1 1 1 1 1 1 1	
2) X Change	VD	kichara Minut 10	621/W 1004 Way
Add			Will ping tabe
Remove 3) Change			
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			<u>;</u>
Remove			
6) Change		·	
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
	1
f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(у пол аррисать, такие пол у	
P	

The date of each amendment(s) adoption:	than the
The date of each amendment(s) adoption:	man m
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 date will not be listed document's effective date on the Department of State's records.	d 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(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 3/0/17	
Signature MMWW/MA	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Usaminat./10	
(Typed or printed name of person signing)	
<u>President</u>	
(Title of person signing)	