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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPOR	ATION:Total Supp	oly Corp.				
DOCUMENT NUMBE	R:P0600009	4436				
The enclosed Articles of	Amendment and fee are su	ibmitted for filing.				
Please return all corresp	ondence concerning this ma	tter to the following:				
	Michael Maliszev	wski, Esq.				
_	-	Name of Contact Persor				
_		Firm/ Company				
	11269 SW Northland Drive					
_	Address					
	Port St. Lucie, FL 34987					
_		City/ State and Zip Code				
	mmlaw@usa.ne					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
	Same	at (772	_)_323-1945			
Name of Contact Person		Area Coo	le & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:			
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
	ng Address		Address			
	dment Section on of Corporations		ment Section n of Corporations			

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

SECREPTED TOTAL

Articles of Amendment to Articles of Incorporation of

Total Supply Corp.

(Name of C	orporation as currently	filed with the Florid	a Dept, of State)		
	P060000944	36			
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1000 its Articles of Incorporation:	6, Florida Statutes, this I	lorida Profit Corpora	tion adopts the followi	ng amendme	nt(s) to
A. If amending name, enter the new name	of the corporation:				
N/A				The new	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designatio word "chartered," "professional association,	n "Corp," "Inc," or "С	lo". A professional e	ncorporated" or the c orporation name must	abbreviation contain the	0.3%
B. Enter new principal office address, if ap	applicable:	N/A		<u> </u>	
(Principal office address <u>MUST BE A STRE</u>				×3	1137 1397
				1	, T
				72	32
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF		N/A		: :- :	5
(1.54.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u></u>			,
					
D. If amending the registered agent and/or new registered agent and/or the new re		ss in Florida, enter t	ne name of the		
Name of New Registered Agent	N/A			_	
	(Florida stre	et address)		_	
New Registered Office Address:			, Florida		
	(City)	(Zip	(Code)	
New Registered Agent's Signature, if change I hereby accept the appointment as registered		ith and accept the obli	gations of the position.		
y	Signature of New Re	gistered Agent, if char	 Iging	_	

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	<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		Belinda Wilcox	1733 SW Biltmore St.
Add			Port St. Lucie, FL 34984
XX Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

N/A					
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n amendment prov	ides for an exchange	e. reclassification.	or cancellation o	of issued shares.	
<u>ovisions for implem</u>	ienting the amendm	ent if not contain	ed in the amendn	ient itself:	
(if not applicable,	indicate N/A)				
N/A					
1.965.3			· · · · · · ·		
	<u> </u>				
13// \					
(VCF)					

The date of each amendment(s) adoption:August 21,	2019 , if other than the
date this document was signed.	
Effective date if applicable:	
(no more th	aan 90 days after amendment file date)
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's record	applicable statutory filing requirements, this date will not be listed as the ds.
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle	
"The number of votes cast for the amendment(s) was	s/were sufficient for approval
by	
(voting group)	
The amendment(s) was/were adopted by the board of direction was not required.	ctors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
Dated8/21/19	
C' .	
Signature	officer – if directors or officers have not been
	in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduc	iary)
Samuel B	. Wilcox
U 11 UE	nted name of person signing)
Director	
(1)	Fitle of person signing)