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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: TOOL TIME CUS	TOM CORP.	
DOCUMENT NUM	IBER: P06000107614		· · · · · · · · · · · · · · · · · · ·
	es of Amendment and fee are su	ibmitted for filing.	
Please return all corr	respondence concerning this ma	itter to the following:	
	RAYMOND ROTELLA ESC	Q.	
		Name of Contact Persor	1
	KOSTO & ROTELLA, P.A.		
		Firm/ Company	
	P O BOX 113		
		Address	
	ORLANDO, FL 32802		
		City/ State and Zip Code	:
	rrotella@kostoandrotella.com	1	
	_	sed for future annual report	notification)
For further informati Deborah Meyer	on concerning this matter, pleas		4253456
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di ^e P.C	niling Address nendment Section vision of Corporations). Box 6327 dahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

, COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: TOOL TIME CUSTOM CORP. P06000107614 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RAYMOND ROTELLA ESQ. Name of Contact Person KOSTO & ROTELLA, P.A. Firm/ Company POBOX 113 Address ORLANDO, FL 32802 City/ State and Zip Code rrotella@kostoandrotella.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 4253456

Area Code & Daytime Telephone Number Deborah Meyer Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filling Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2020

RAYMOND ROTELLA, ESQ. KOSTO & ROTELLA, P.A. P.O. BOX 113 ORLANDO, FL 32802

SUBJECT: TOOL TIME CUSTOM, CORP.

Ref. Number: P06000107614

We have received your document for TOOL TIME CUSTOM, CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

PLEASE CHECK ONLY 1(ONE) BOX REGARDING THE ADOPTION OF THE AMENDMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 220A00025451

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District of Constrations D.O. BOY 0907 (Pollular and Elevida 2001)

Articles of Amendment to Articles of Incorporation of

TOOL TIME CUSTOM CORP.			1	
(Name o	f Corporation as curren	tly filed with the	Florida Dept. of S	tate)
P06000107614				
	(Document Number	of Corporation (if	`known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit C	orporution adopts	the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:			
				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	'orp," "Inc." or "Co".	A professional c	ncorporated" or the corporation name	e abbreviation "Corp.," must-contain the word
B. Enter new principal office address,	if applicable:	N/A	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A S	TREET ADDRESS)			
				T
				===
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	icable: OFFICE BOX)	N/A		.2
				2
			<u>'</u>	2:50
D. If amending the registered agent ar new registered agent and/or the new	nd/or registered office ad	ldress in Florida, ess:	enter the name of	لبري
	SANDRA J. GODWIN	- 		
Name of New Registered Agent			<u> </u>	
	1024 Shady Maple Circl			
		street address)		24761
New Registered Office Address:	Ococe		Flo	
		(City)		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis	hanging Registered Age	nt:	the obligations of t	the position
I hereby accept the appointment as regis	ierea agent. Tam jamuu	ii wiin una accept I	Inc ornigations by .	ne promon
	endra XL	Jodun	J	
	Signature of New	Registered Agent	t, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	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) X Change	p	SANDRA J GODWIN	1024 Shady Maple Cir.
Add			Ocoec, Fl 34761
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			·
4) Change			
Add			
Remove			
5) Change			
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6) Change			
Add			
Remove			

	change(s) here: ic)			
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an amendment provides for an exchange, recli	issificati <u>on, or ca</u>	ncellation of iss	ued shares,	
A	and anadaland in	the amendment	itself:	
rovisions for implementing the amendment if	not contained in	THE MINCHANTER		
rovisions for implementing the amendment if (if not applicable, indicate N/A)	not contained iii	the amena		
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	10/1/20	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	/1/20	
Effective date if applicable:	(no more than 90 days after amendment f	ile date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requ Department of State's records.	tirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors withou	t shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes east for sufficient for approval.	r the amendment(s)
must be separately provided f	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the anasts for the amendment(s) was/were sufficient for approval	ugndment(s):
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