P08000097288

. (Re	equestor's Name)	····
(Ac	Idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	usiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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04/10/14--01022--012 **35.00



4/17/14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: T & T Glob	al Services Inc		
DOCUMENT NUMBER: P0800009728	18		
The enclosed Articles of Amendment and fee are su			
Please return all correspondence concerning this ma	tter to the following:		
Robert McConne			
	Name of Contact Person	1	
Robert McConne	II, CPA		
	Firm/ Company		
7815 SW 97th PI			
	Address		
Miami, FL 33173	3-3135		
	City/ State and Zip Cod	e	
robert@mcconnell.co	om		
	sed for future annual report	notification)	
· ·	·		
For further information concerning this matter, plea	se call:		
Robert McConnell, CPA	at (305	, 595-1809	
Name of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee \$\times \$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 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

FILED

T & T Global Services Inc

2014 APR 10 PM 4: 32

(Name of Corporation as	currently filed with the Flo	rida Dept. of State) 💍 🚎 📈 🦙	SEE FLONDA
P08000097288		124.1 .16/45 . 114	SEE, FLOMOR
(Documen	t Number of Corporation (if)	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Fi</i>	lorida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professional corporation nar	The new or the abbreviation ne must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2500 NE 135th St #1	109
		North Miami, FL 331	81
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. Box 613371	
		Miami, FL 33261	
D. If amending the registered agent an		ss in Florida, enter the name of the	£
new registered agent and/or the nev	Robert McConne		
Name of New Registered Agent		<u> </u>	
	7815 SW 97th PI		
	(Florida stree	*	•
New Registered Office Address:	Miami	, Florida 3317	3
	(City)	(Zip	Code)
New Registered Agent's Signature, if cl	hanging Registered Agent:		
I hereby accept the appointment as regist		th and accept the obligations of the p	oosition.
h	lat M' Conall.	CP)	
Sig	gnature of New Registered Ag	gent, 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	<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	Р	Tartarone, Salvatore	P.O. Box 613371			
Add			Miami, FL 33261			
Remove						
2) Change	VP	Tartarone, Francesco	P.O. Box 613371			
Add			Miami, FL 33261			
Remove						
3) Change	MGR	Professional Public Account	1821 NE 46th St			
Add			Miami, FL 33181			
Remove						
4) Change	MGR	McConnell, Robert	7815 SW 97th PI			
Add			Miami, FL 33173			
Remove						
5) Change						
Add						
Remove						
6) Change	-					
Add						
Remove						

uuunti	r adding additional sheets, if nece	essary). (Be	specific)	STREIE.		
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<u>II an amenon</u> provisions fo	nent provides for or implementing	an exchange the amendm	e, reclassificatent ent if not con-	tained in the a	lation of issued mendment itse	<u>shares,</u> lf:
(if not a	oplicable, indicate	? N/A)				_
•						
					,	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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 cast 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 April 2, 2014	
Signature Robert M' Convoll, CPA	
(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)	
Robert McConnell, CPA	
(Typed or printed name of person signing)	
Manager	
(Title of person signing)	