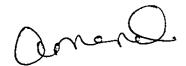
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(/	Address)		
. (/	Address)		
(0	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
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COVER LETTER

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: TOP LIMO INC			
DOCUMENT NUM	BER: P0900008338		
		•	
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Olga Ramos		
		Name of Contact Person	
	Freedom Tax Ser	vice SW FL Cor	p
	40055 0 111 51	Firm/ Company	•
	12355 Collier Blv		
	Nonton Florido 2	Address	
	Naples, Florida 3	City/ State and Zip Code	<u>.</u>
			;
fre	edomtax1040@ya		
	E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, please call:			
Olga Ramos		_{at (} 239	₎ 455-6011
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:			
■ \$35 Filing Fee	□\$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)
	iling Address		Address
	endment Section ision of Corporations		ment Section n of Corporations
P.O. Box 6327		Clifton	Building
Tall	lahassee, FL 32314		xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILEU

Top Limo Inc -- 2819 0CT 24 PM 12: 32

TOP LITTO ITIC	or other
(Name of Corporation as currently filed with the Fl	orida Dept. of State) SEONLINGY OF STATE - SALLAHASSEE, FLORIDA
P0900008338	- TALLANASSEET
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation 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 word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "i	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	12355 Collier Blvd Ste H
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Naples, Florida 34116
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above
D. If amending the registered agent and/or registered office addre	
new registered agent and/or the new registered office address:	
Name of New Registered Agent Freedom Tax Sen	vice of SW FI, Corp
12355 Collier Bl	vd Ste H
(Florida stre	et address)
New Registered Office Address: Naples	, Florida 34116
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w Signature of New Registered A	<u></u>

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 <math>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>	Name	<u>Addres</u> s
1) Change	PST	Adriana _{Blanco Quiroz}	2590-54st SW
Add			Naples, Fl 34116
Remove			
2) Change	PT	Carlos Ducloux	12355 Collier Blvd Ste H
✓ Add			Naples, Florida 34116
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		•	
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here:
Attach daditional sneets, if necessary).	(Be specific)
	
	•
·	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y not appreciote, material 1971)	
	* · · · · · · · · · · · · · · · · · · ·

The date of each amendment	(s) adoption: 10/22/2013	, if other than the
date this document was signed		, ir other than the
Effective date if applicable:	10/22/2013	
висенте часе <u>н аурисавје</u> .	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	.,,	
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated 10/2	22/2013	
Signature 2	Vau /.	
t B	y a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	-
	Carlos Ducloux	
	(Typed or printed name of person signing)	_
	President	
	(Title of person signing)	