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JUN 20 2017 S. YOUNG

### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TOGO, INC		
DOCUMENT NUM	BER: P09000101641		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	FERNANDO R. RODRIGU	EZ	
		Name of Contact Person	n
	IRIONDO & RODRIGUEZ,	P.A	
		Firm/ Company	
	1001 BRICKELL BAY DR		
		Address	
	MIAMI, FL, 33131		
		City/ State and Zip Cod	e
	on concerning this matter, pleas		
-FERNANDO R. RO		at ( <u>305</u>	
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 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)
Am Div P.O	illing Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## **Articles of Amendment** Articles of Incorporation υf

TOGO, INC.

# (Name of Corporation as currently filed with the Florida Dept, of State)

### P09000101641

If amending name, enter the new name of the	<u></u>				
me must be distinguishable and contain the volorp., ""Inc.," or Co.," or the designation "Coord" chartered," "professional association," or t	orp," "Inc," or "Co".	A professional co.			
Enter new principal office address, if applica rincipal office address MUST BE A STREET A		,	V/A	<del></del> -	<del></del>
Entar now mailing address if applicables		_,	<del> </del>	<del></del>	<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BQX</u> )	N.	/A	<u> </u>	<u> </u>
		<del>,</del>		:	: !
If amending the registered agent and/or registered agent and/or the new register		Florida, enter the	name of the		
Name of New Registered Agent	tu omet address.	N/A	<u> </u>		
	(Florida street ada N/A	lress)			
New Registered Office Address:	(City)		Florida_		p Code)
w Registered Agent's Signature, if changing be ereby accept the appointment as registered agen	Registered Agent:	nd accept the obliga	ations of the p	•	•

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	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	GIANERA, HECTOR A.	1001 BRICKELL BAY DR.
Add			SUITE 1512
XX Remove			MIAMI, FL 33131
2) Change	D	BRAND, JEAN C	1001 BRICKELL BAY DR
Add			SUITE 1512
XX Remove			MIAMI, FL 33131
3 ) Change	D	DE GUZMAN DE GIANERA, MAR	1001 BRICKELL BAY DR
Add			SUITE 1512
XX Remove			MIAMI, FL 33131
4) XX Change	D VP	ESCUDERO DE BRAND, SONIA N	1001 BRICKELL BAY DR
Add			SUITE 1512
Remove			MIAMI, FL 33131
5) Change	DΡ	BRAND, PATRICIO	1001 BRICKELL BAY DR
XX Add			SUITE 1512
Remove			MIAMI, FL 33131
6) Change			
Add			
Remove			

Attach additional shee	s, if necessary).	cles, enter chans (Be specific)	_			
•		N/	A			
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an amendment prov	ides for an exch	ange, reclassifica	tion, or cancell:	ation of issued	shares,	
rovisions for implen	enting the amen	idment if not cor	itained in the an	<u>nendment itsel</u>	<u>[:</u>	
(у погаррисаоте,	inaicaie IVA)					
		N/A				
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. •	N/.	/A	
The date of each amendment(s) ad	ption:	, if other	er than the
date this document was signed.			
and the second second	N/a	/A	
Effective date if applicable:	(no more than 90 days after	r amandment file datas	_
	(no more man 20 days after	amenament fre dute)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statuto artment of State's records.	ory filing requirements, this date will not be lis	sted as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of ficient for approval.	votes east for the amendment( $s$ )	
☐ The amendment(s) was/were appromust be separately provided for a	oved by the sharcholders through voting gach voting group entitled to vote separat	groups. The following statement tely on the amendment(s):	
	or the amendment(s) was/were sufficient	• • • • • • • • • • • • • • • • • • • •	
by	(voting group)	."	
	(voting group)		
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shar	areholder action and shareholder	
☐ The amendment(s) was/were adoption was not required.	ted by the incorporators without sharehol	older action and shareholder	
DatedOG	09/2017 undered		
Signature A	Seuch		
(By a dir	ector, president/or other officer - if direct	ctors or officers have not been	
	by an incorporator – if in the hands of a	receiver, trustee, or other court	
, jappointe	d fiduciary by that fiduciary)		
	SONIA M. ESC.	DERO DE BROYD	
-	(Typed or printed name of pers	rson signing)	_
	DIRECTOR		
<del>-</del>	(Title of person sig	gning)	-