P1200029852

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u></u>	 	





400248490734

06/03/13--01017--006 **43.75



4/500

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TORROD DOCUMENT NUMBER: P120000298		TES, INC		
The enclosed Articles of Amendment and fee are sub	omitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
Juan Carlos Ro	odriguez			
TORROD & AS	Name of Contact Person			
Firm/ Company 6619 S DIXIE HWY STE 301				
MIAMI FLORIC	Address DA 33143			
	City/ State and Zip Code	2		
jrodriguez@torrod E-mail address: (to be us	inc.com ed for future annual report	notification)		
For further information concerning this matter, pleas	e call:			
Juan Carlos Rodriguez	at (305	,7763696		
Name of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	□\$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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle		

Articles of Amendment to **Articles of Incorporation**

to

TORROD & ASSOCIATES, INC.			
(Name of Corporation as currently filed with the Flo P1200000029852	orida Dept. of State)		
(Document Number of Corporation (if	known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation add	opts the following amend	ment(s)
A. If amending name, enter the new name of the corporation:		<u> </u>	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "F	Co". A professional corporat	rated" or the abbreviat	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			ΕD
		<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6619 S DIXIE	HWY	
	STE 301		
	MIAMI FLORIDA	33143	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the nam	e of the	
Name of New Registered Agent			
(Florida stre	et address)		
New Registered Office Address: (City)	, Florida_	(Zip Code)	
(Cuy)		(zip Coue)	
N. D. School Access Clausers 18 June 19 Desire 1 A			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations	of the position.	

Signature of New Registered Agent, 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.

X Change	<u>PT</u> <u>J</u>	John Doe	
X Remove	<u>v</u> <u>1</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Dir	Gerrit Jan Eikmans	125 Sandel Lane
X Add			Summerville, SC 29483
Remove			
2) Change	Dir	Calixto Vallejo	5190 East 1st Ave
X Add			Hialeah, Florida 33013
Remove			
3) Change		<u> </u>	
Add			
Remove			
4)Change			
Add		•	
Remove			
5) Change			·
Add			
Remove			
6)Change			
Add			
Remove			

E. <u>If amend</u>	ling or adding additional Article additional sheets, if necessary).	es, enter change(s) here	:	
	uunionai sneeis, ij necessary).	De specific)		
N/A				
	·			
				· · · · · · · · · · · · · · · · · · ·
	 ·			
				
				
F. <u>If an am</u>	endment provides for an exchar ons for implementing the amend	nge, reclassification, or	cancellation of issued shar	es.
provisio	ons for implementing the amend	lment if not contained	in the amendment itself:	
	not applicable, indicate N/A)			
N/A				
	**			

The date of each amendment(s) adoption: 5.27.2013		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
action was not required. The amendment(s) was/were add action was not required. Dated 5.29.2 Signature (By a d	ijector, president or other officer – if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
·	Juan Carlos Rodriguez	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	