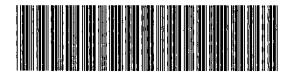
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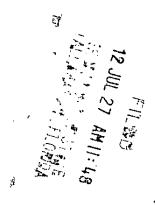
(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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C. MUSTAIN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Tomikom inc
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ginadi Feldman
Name of Contact Person
Tomikom inc
Firm/ Company
c/o Tomik Tom inc ,11350 Random Hills RD ,8th floor unit 800
Address
FAIRFAX VA 22030
City/ State and Zip Code
tomik770@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ginadi feldman 6147014
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ .\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Tomikom inc	
(Name of Corporation as currently filed with the	Florida Dept. of State)
(Document Number of Corporation ((if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
<u> </u>	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Frincipal office address integral DE ASTREET ADDRESS)	
	27 AH
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	c/o Tomik Tom Inc
	11350 Random Hills RD,8th floor unit 800
	Fairfax, VA 22030
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
(City	y) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
Signature of New Registerea	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.

Example: X Change	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ce Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	Shai Cohen	11704 fairfax woods way
X Add			apt 20208
Remove			fairfax ,va 22030
2) Change			
Add	 		
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
O 01			
6) Change	 -		
Add			
Remove			

E. <u>If ame</u> (Attach	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
	pose of the company was -article 3 :skin care product sale, I would like to change	it to
consu	Iting and training	•
		
•		
F. Ifans	mendment provides for an exchange, reclassification, or cancellation of issued shares,	
provi	sions for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A)	
(j noi applicable, maicale IVA)	
		
	<u> </u>	

The date of each amendment(s) adoption: //23/2012
Effective date if applicable: 7/23/2012
(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 7/23/2012
Signature
(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 fiduction by that fiduction appointed fiductions by the fiduction of a receiver, trustee, or other court
Ginadi Feldman
(Typed or printed name of person signing)
PVST,D
(Title of person signing)