P1300096410

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APR 21 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

	TION: TOP TEAM	M Solution, 1	Inc	
The enclosed Articles of	Amendment and fee are su	ibmitted for filing.		
Please return all correspo	ndence concerning this ma	tter to the following:		
JONATHAN AUMAITRE Name of Contact Person Top Team Solution, Inc Firm/ Company 454 Lakeview Dr, Unit 3 Address Weston, FL, 33326 City/ State and Zip Code Jaumaitre & Gmail. Com E-mail address: (to be used for future annual report notification)				
For further information ec	oncerning this matter, pleas	se call:		
JONATHAN Name of C	Aumaitre Contact Person	at (<u>954</u> Area Co	dc & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fec	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fec Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amendi Division P.O. Bo	Address ment Section of Corporations x 6327 ssee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section in of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment

to

Articles of Incorporation

 \mathbf{of}

lop leam Solution	as currently filed with the Florida Dept. of State)
P13000096410	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
TOP TEAM CONSTRUCT	TON. INC
name must be distinguishable and contain the word "	corporation," "company," or "incorporated" or the abbreviation or "Inc," or "Co". A professional corporation name must contain the previation "P.A."
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office.	ce address:
Name of New Registered Agent	N/A
	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registe	red Agent:
I hereby accept the appointment as registered agent. I an	n Jamuiar with and accept the obligations of the position.
	N/A
Signatur	re 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.

Example:

X Change	PT	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>	Address
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove 3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
റി Change		N/A	<u> </u>
Add			
Remove			

E. <u>If amending (</u> (Attach <i>additio</i>	or adding additional Art onal sheets, if necessary).	icles, enter change (Be specific)	e(s) here:			
N	•	,				
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. If an amendn	nent provides for an exch or implementing the ame	nange, reclassificat	tion, or cancella	tion of issued sh	iares,	
(if not ap	pplicable, indicate N/A)	nument ii not com	tameu in the am	tenument res <u>ent</u>		
NIA	7	<u>. </u>				
			<u> </u>			
					· <u>·</u>	

The date of each amendment(s) adopt date this document was signed.	tion: N/A	, if other than the
Effective date if applicable:	N/A	
	(no more than 90 days after amen	dment file date)
Note: If the date inserted in this bloc document's effective date on the Depart	k does not meet the applicable statutory fili	ing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes ient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were approx must be separately provided for each	ed by the shareholders through voting group h voting group entitled to vote separately on	s. The following statement the amendment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for ap	proval
by	(voting group)	.,
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder ac	ction and shareholder
Dated_04/18 Signature	dor, president or other officer – if directors o	r officers have not been
selected, b	van incorporator if in the hands of a receive iduciary by that fiduciary)	
_	JONATHAN AUMAI	RE
_	(Typed or printed name of person sig	gning)
	PTD	
_	(Title of person signing)	