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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Do | cument Number) | <u>.</u> |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: TOTAL MACHINERY AND TOOLS USA CORP DOCUMENT NUMBER: P1500034262 |
|--|
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Davina A. Cancelliere Name of Contact Person |
| 10421 Lake Vista Circle Address |
| Boca Raton FL 33498 City/State and Zin Code |
| E-mail address: (to be used for filture annual report notification) |
| For further information concerning this matter, please call: |
| Davina Cancelliere at (954), 778 9511 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: |
| S35 Filing Fee Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Street Address |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

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| | | | | WICE. | |
|---|--------------------------------------|-----------------------------|--------------------|--------------------------------|-------------------------------|
| (<u>Name of Corporati</u> | on as currently f | iled with the | <u>Florida Dep</u> | t. of State) | |
| P1 | 0000 | 3426 | ,2 | | |
| (Docun | nent Number of Co | orporation (if | known) | | |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation: | a Statutes, this <i>Flo</i> | orida Profit C | orporation a | dopts the followi | ng amendment(s) to |
| A. If amending name, enter the new name of the co | prporation: | | | | |
| AGUVAL SERVICES F | | (.08 | 7. | | The new |
| name must be distinguishable and contain the wor "Corp," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the | d "corporation." ." "Inc," or "Co | "company," ". A professi | or "incorp | orated" or the ation name musi | ahbreviation t-contain the |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI | | ALEXALD. | Or Stead | the test and | STATE OF |
| (Frincipal office address SIOST BE A STREET ADD | /KESS) | | - | | |
| | | - | | | |
| | | | | | 19 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | · Vi | | | | 1 |
| | | | | | |
| | - | | | <u> </u> | - <u>1</u> |
| | | | _ | | <u> </u> |
| D. If amending the registered agent and/or register new registered agent and/or the new registered | | s in Florida, e | nter the nai | ne of the | ÷ ; |
| Name of New Registered Agent | | | | | |
| | | | | - · · | _ |
| | (Florida street | address) | | | _ |
| New Registered Office Address: | | | | , Florida | |
| New Kegisterea Office Address. | <i>(Ci</i> | ίλ) | | | Code) |
| | | | | | |
| | | | | | |
| New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent. | | o and accept ti | he ablivation | is at the position | |
| , техст, иссерсте арронатени по гезанегой изста. | , majamanar mu | i unu uettja 17 | ic marganon | o oj me posmon. | |
| | | | | | |
| | | | | | |
| Sign | ature of New Regi | stered 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 Doc, 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 | Š | | | | |
| <u>X</u> Add | <u>sv</u> | Sally Smitl | <u>1</u> | | | | |
| Type of Action (Check One) | <u>Title</u> | <u>N</u> | <u>ame</u> | | | <u>Addres</u> s | |
| 1) Change | | | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 2) Change | | | | _ | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 3) Change | | | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 4) Change | | | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 51 Change | | | | | . | | |
| Add | | | | | | | |
| Remove | | | | | | <u> </u> | |
| 6) Characa | | | | | | | |
| 6) Change | | | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |

| Attach ad | ng or adding additional Articles, enter change(s) here: litional sheets, if necessary). (Be specific) |
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| f an ame | ndment provides for an exchange, reclassification, or cancellation of issued shares, |
| <u>provisio</u> | is for implementing the amendment if not contained in the amendment itself: |
| (if n | t applicable, indicate N/A) |
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| The date of each amendment(s) adoption:, if other than the date this document was signed. |
|--|
| |
| Effective date if applicable: |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted as the document's effective date on the Department of State's records. |
| 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 <u>07-29-19</u> 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 fiduciary by that fiduciary) |
| Davina Cancelliere |
| (Typed or printed name of person signing) |
| $\bigvee . \mathcal{C}$ |
| (Title of person signing) |