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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: TOU, Incoporated		
DOCUMENT NUMI	D16000027102		
The enclosed Articles	of Amendment and fee are su	ubmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	Jahi Wright		
		Name of Contact Person	n
	TOU, Incorporated		
	<u> </u>	Firm/ Company	
	700 US HWY 1 Suite B		
		Address	
	North Palm Beach, FL 33408	3	
•		City/ State and Zip Cod	e
	jahi.touinc@gmail.com		
		sed for future annual report	notification)
		•	,
For further information	concerning this matter, plea-	se call:	
Jahi Wright		863 at (287-3821
Name o	f Contact Person	Area Co) 287-3821 dc & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, F1, 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

TOU, Incorporated	
(Name of Corporation as current)	ly filed with the Florida Dept. of State)
P15000037192	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co" "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	21 2
	······································
C. Enter new mailing address, if applicable:	The state of the s
(Mailing address MAY BE A POST OFFICE BOX)	
	——————————————————————————————————————
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	, Florida
Tell registered type marcia.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	<u>t:</u> with and accept the obligations of the position.
Signature of New I	Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	二
X Add	<u>sv</u>	Sally Smith	- 7
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address 2 1954 Alamanda Way 1 5
1) Change	ED	Martin Lawrence	1954 Alamanda Way
XAdd			Riviera Beach, FL 33404
Remove			·
2) Change			
Add			
Remove Change			
Add			
Remove		•	
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

famending or adding additional Art attach additional sheets, if necessary).	(Be specific)			
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an amendment provides for an exc	hange, reclassification, or cancellation of issued share	<u>es,</u>		
orovisions for inipiementing the amo (if not applicable, indicate N/A)	endment if not contained in the amendment itself:			
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2/24/2020			
The date of each amendment(s) adoption:		. if oth	er than the
date this document was signed. 2/24/2020			
Effective date if applicable:			
(no more than 90 days after amendment file date)		-	-
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	e will n	ot be li	sted as the
Adoption of Amendment(s) (CHECK ONE)			
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	on and sl	nareholo	ler
☐ 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.	s)		
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemed must be separately provided for each voting group entitled to vote separately on the amendment(s):	mt 2 G	20 HAR	
"The number of votes cast for the amendment(s) was/were sufficient for approval		接一	71
by	-	-1	>1
(voting group)] #25 	; I [
		£H 10: 47	رت
2/24/2020	1.	£-	
Dated	(E) · ·	7	
lea / /-			
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 cour appointed fiduciary by that fiduciary)	t		
Jahi K. Wright			
(Typed or printed name of person signing)			
President			
(Title of person signing)			_