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Division of Corporations

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Account Number :

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Phone .

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Fax Number

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COR AMND/RESTATE/CORRECT OR O/D RESIGN TORITO'S MOVING CORP

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COVER LETTER

TO: Amendment Section Division of Corporations	•	· · · · · · · · · · · · · · · · · · ·	
NAME OF CORPORATION: TORITO'S MOVIN	G CORP		
DOCUMENT NUMBER: P15000043189	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
IVON	POMARES		
	Name of Contact Pers	ion ,	
POMA	RES ACCOUNTING S		
	Firm/ Company		
3425 N	W 14 ST		· .
	Address	•	
MIAM	I, FL 33125		
	. City/ State and Zip C	nde	٠.
IVISPO	MARES@HOTMAIL.	СОМ	• • • • •
E-mail address; (to be us	sed for future annual rep-	ort notification)	 •
For further information concerning this matter, plea	se call:		
IVON POMARES	786	314-1371	· · .
. Name of Contact Person		Code & Daytime Telephon	e Number
		· · · · · · · · · · · · · · · · · · ·	• • •
Enclosed is a check for the following amount made	payable to the Florida D	epartment of State:	
\$35 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status	;
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Am Div	ent Address endment Section ision of Corporations c Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

. Tallahassee, FL 32303 .

Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently fi	led with the Florida Dept. o	if State)	
P15000043189		٠	` .
(Document Number of Co	orporation (if known)		
rsuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> Anicles of Incorporation:	rida Profit Corporation adol	ots the following amen	dment(s) to
If amending name, enter the new name of the corporation:			•
· .		The	
me must be distinguishable and contain the word "corporation," "con	ipany," or "incorporated" or	the abbreviation "Con	rp.,
nc.," or Co.," or the designation "Corp." "Inc," or "Co". A p hartered," "professional association," or the abbreviation "P.A."	rofessional corporation nan	re must contain the v	voru :
numerea, professional association, or the aboventum 1 st.	٠.		
Enter new principal office address, if applicable:	<u> </u>	<u></u>	
Principal office address MUST BE A STREET ADDRESS			
		••	
	<u> </u>		
Enter new mailing address, if applicable:			•
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
	· · · · · · · · · · · · · · · · · · ·		
			,
			
. If amending the registered agent and/or registered office addres	s in Florida, enter the name	e of the	٠,
new registered agent and/or the new registered office address:	· · · · · · · · · · · · · · · · · · ·	•	
Name of New Registered Agent			
	•		•
(Florida street	uddressy		
	•		
New Registered Office Address:	'iṇ')	Florida (Zip Code)	
•	•	•	
lew Registered Agent's Signature, if changing Registered Agent:		•	
hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations	of the position.	•
	gistered Agent, if changing		
* ************************************			

•		•	·	. H7000	10 300	wo p
	Officers and/or Director Officer and/or Director		ame of each office	r/director being re	moved and title, n	ame, and
	I sheets, if necessary)			•		•
Please note the of	ficer/director title by the	first letter of the office t	itle:		•	
$P = President \cdot \hat{V}$	= Vice President: T= Tr	easurer: S= Secretary:	D= Director: TR≠	Trustee; $C = Chair$	man or Clerk; CEC) = Chief
Executive Officer,	CFO = Chief Financial	Officer. If an officer/dir	ector holds more th	an one title, list the j	first letter of each of	spice held.
President Treasu	rer Director would be P	TD.			•	·
Changes should h	e noted in the following	manner. Currently John	Doe is listed as th	e PST and Mike Jon	eș is listed as the V	. There is
a change, Mike J.	ones leaves the corporati	on, Sally Smith is named	f the V and S. Thes	e should be noted as	: John Doe, PT as a	i Change,
Mike Jones, V as	Remove, and Sally Smith	, SV as an Add. 🕛 💎			٠.	•
Example:				•		

X Change	<u>PT</u>	John D	<u>oc</u>	
X Remove	, <u>Ā</u> ,	Mike J	ones	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action	Title		Name	<u>Addres</u> s
(Check One)	Ρ	٠	YASMANY DEL TORO	9211 NW 114TH ST APT.8
1) Change		_	,	- HIALEAH GARDENS, FL 33018
Add X		•		25 c 44
Kemove .	P		JUAN R.DEL TORO	1100 W 79TH ST APT.C4
2) X Change				HIALEAH, FL 33014
Add				
Remove 3) Change				
Add	,			
Remove		•		` <u> </u>
4) Change		·		
Add .		•		
Remove				
5) Change		——		
Add	. •		,	
Remove		٠.		
6) Change		·		
` Add		•		
Remove	•.			

E. If amending or adding additional Articles, ent (Attach additional sheets, if necessary). (Be sp	<u>ter change(s) here</u> : ecific)		
		• •	
	•		
	· · · · · · · · · · · · · · · · · · ·		
NAME OF TAXABLE PARTY O			
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	, ,		•
		1. 18	
 If an amendment provides for an exchange, reprovisions for implementing the amendment 	eclassification, or c if not contained in	ancellation of issued share the amendment itself:	<u>es,</u>
(if not applicable, indicate N/A)		``	
	•		
	- ` `		
	· · <u></u>		
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	

Division of Corporations Page 7 of 7	2020-09-24 20:0	2:55 (GMT)	100 -	_178622800	049 From:	Ivon Pomares
The date of each amendment(s) adoption: date this document was signed. 09/24/2020				· · · · · · · · · · · · · · · · · · ·	if other th	ian the
Effective date if applicable:	(no more than 90 day:	s after amendment fi	le date)			
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable tof State's records.	statutory filing requ	irements, this	date will no	ot be listed	as the
Adoption of Amendment(5)	CHECK ONE)					
The amendment(s) was/were adopted by taction was not required.	he incorporators, or board	of directors without	shareholder a	ction and sh	archolder.	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient f	he shareholders. The num or approval.	ber of votes cast for	the amendme	nt(s)		`.
☐ The amendment(s) was/were approved by must he separately provided for each vot	the shareholders through ing group entitled to vote s	voting groups. The eparately on the am	following state endment(s):	rment		
"The number of votes east for the ar	: mendment(s) was/were suf	ficient for approval			•	
by	voting group)					
O'phatate	received)					
(By a director, postelected, by any i	resident or other officer - i neorporator - if in the hand ary by that fiduciary)	f directors or officer is of a receiver, trus	s have not bee tee, or other co	ourt .	· ·	

Tron Pamares (Typed or printed name of person signing)

INCORPORATOR

(Title of person signing)