## P1500059511

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: TOMY SOCORR	O, INC.			
DOCUMENT NUMBER: P15000059511				
The enclosed Articles of Amendment and fee are st	ubmitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
TOMAS SOCORRO				
Jones	Name of Contact Person			
	Firm/ Company			
3805 W 8 CT				
Address				
HIALEAH, FL 33012				
	City/ State and Zip Code			
ZENAIDASOSA56@YAHOO.CO	ОМ			
E-mail address: (to be u	used for future annual report notification)			
For further information concerning this matter, plea	ase call:			
TOMAS SOCORRO	at ( 786 ) 718-6424			
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 \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## Articles of Amendment to Articles of Incorporation of

TOMY SOCORRO, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P15000059511 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association." or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position Signature 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	<u>PT</u>	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>	<u>Addres</u> s
1) Change	<u>v</u>	CARIDAD MONGUIA	3805 W 8 CT
X Add			HIALEAH, FL 33012
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change	<del></del>		
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
··· -	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument if not contained in the amendment resert.

The date of each amendmen		, if other than the
date this document was signed	- 10/18/2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	re adopted by the shareholders. The number of votes cast for the amendmer ere sufficient for approval.	it(s)
	re approved by the shareholders through voting groups. The following state ed for each voting group entitled to vote separately on the amendment(s):	ment
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	»	
<u> </u>	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
*	3/2015	
Dated	Ab	
Signature _	Yours	
(I s	By a director, president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other coppointed fiduciary by that fiduciary)	
	TOMAS SOCORRO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of nerson signing)	