P15000017018

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)	;		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TIME ZON	E WATCH REPA	AIRS CORP	
	P1500007701			
	*Amendment and fee are su			
Please return all corresp	ondence concerning this ma	tter to the following:		
<u>_</u> F	ABIO MOURA F	RODRIGUES		
ך	IME ZONE WAT	Name of Contact Person		
_		Firm/ Company		
1	1790 NE 163RD	STREET		
_		Address		
1	NORTH MIAMI B	EACH, FL 3316	2	
_		City/ State and Zip Cod	e	
TIMI	EZONEWATCHV	VORKS@GMAI	L.COM	
		ed for future annual report		
For further information of	concerning this matter, pleas	e call:		
FABIO MOUR	A RODRIGUES	at (786	, 344-2840	
Name of	Contact Person		de & Daytime Telephone Number	
Enclosed is a check for t	he following amount made p	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	
Tallahassee, FL 32301				

Articles of Amendment **Articles of Incorporation**

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2015 OCT -5	LU
SECDES.	P# /: /

TIME ZONE WATCH REPAIRS CORP

ONE WATCH REPAIRS CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

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[Name of Corporation as currently filed with the Florida Dept. of State)

[Name of Corporation as P15000077018

ent(s) to

		The
word "corporation," "company Corp," "Inc," or "Co". A profe the abbreviation "P.A."	y," or "incorporated" or essional corporation name	the abbrevio
<u>able:</u> ADDRESS)		
<u></u>		
istered office address in Florida red office address:	i, enter the name of the	
		
(Florida street address)		
	, Florida	
(City)	(Zip Co	ode)
	istered office address in Floridared office address:	istered office address in Florida, enter the name of the red office address: (Florida street address)

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>	<u>Addres</u> s
1) Change	VP	Neila ,C. ,Ferraz Nobre	1790 ne 163 rd st
Add			North Miami Beach
Remove			FL 33162
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<u></u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The distribution of the cost o	cles, enter change(s (Be specific)			
				
				
		<u> </u>		
		 		
				<u>-</u>
			, -	
				
			,	
f an amendment provides for an exch	nange, reclassification	on, or cancellation	of issued shares,	
,, , , , , ,	ndment if not conta	ined in the amendn	nent itself:	
provisions for implementing the ame (if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)			<u></u>	<u>-</u>
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				

The date of each amendment(s) a date this document was signed.	idoption:	, if other than the
Effective date if applicable:		
<u></u> .	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 09 - 3	80-2015	
Dated O° - 3		
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	FABIO , MOURA RODRIGUES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	