## P1600074379

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: TEOS International Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jovan Glasgow Name of Contact Person TEOS International Inc. Firm/ Company 1115 E Twiggs St Address Tampa, Florida 33602 City/ State and Zip Code jovan@teosinternational.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jovan Glasgow Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation**

of

(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
P16000074379			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the		
D. Enter way principal office address if applicable	1044 Belcher Rd, Dunedin,		
B. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )	Florida 34698		
Enter new mailing address, if applicable:	1044 Belcher Rd, Dunedin,		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	Florida 34698		
	Florida 34698		
	Florida 34698		
	Florida 34698		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	dress in Florida, enter the name of the		
	dress in Florida, enter the name of the		
new registered agent and/or the new registered office address	dress in Florida, enter the name of the		
new registered agent and/or the new registered office address  Name of New Registered Agent	dress in Florida, enter the name of the		
Name of New Registered Agent	dress in Florida, enter the name of the		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = Ch Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each off 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 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)	Title	Name	<u>Addres</u> s
l) Change	VP	Sanjie Jackson	
X Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
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5) Change			
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

	g or adding additiona tional sheets, if necess	sary). (Be specific			
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nrovisione	iment provides for ar for implementing the	<u>a excnange, reciass</u> e amendment if no	ation, or cancel t contained in the a	<u>nation of issued snart</u> mendment itself:	<u>:5,</u>
LICETTE STATE	applicable, indicate N	7/A)		· · · · · · · · · · · · · · · · · · ·	
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The date of each amendment(s) adoption:	, if other than
date this document was signed.	
08/01/2019	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amenament fite date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	e will not be listed as
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):	nı
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by"  (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	ī
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 07/3//9	
Signature Signature of Signatur	
(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)	
Jovan Glasgow	
(Typed or printed name of person signing)	
PCEO	
(Title of person signing)	