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A. RIVERS
JAN 2 8 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: BEST GROUP TO	URS CONSULTING SER	VICES INC		
DOCUMENT NUME	BER: P17000013007				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	SANJAY SHANKHLA				
		Name of Contact Person	1		
	TOOCANS INC				
	Firm/ Company				
	7556 CARNEGIE WAY				
	Address				
	NAPLES, FL 34119				
	City/ State and Zip Code				
	TOOCANSFL@GMAIL.CO	М			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:at (728-8045		
Name o	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check to	r the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amo Divi P.O.	ting Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation of

BEST GROUP TOURS CONSULTING SERVICES INC

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

(Name of Corporation as curren	tly filed with the Florida Dept, of State)
P17000013007	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation: TOOCANS INC	
	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	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	7556 CARNEGIE WAY
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	NAPLES, FL 34119
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7556 CARNEGIE WAY
	NAPLES, FL 34119
	2022
D. If amending the registered agent and/or registered office ad-	
new registered agent and/or the new registered office addre	ss:
Name of New Registered Agent	
	treet address)
(Florida s	rreet address)
	TF O
New Registered Office Address:	, Florida
	(Zip Code)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	
Signature of New	Registered Agent, if changing
Check if applicable	· · · · · · · · · · · · · · · · · · ·

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
Change			
Add			
Remove			
6) Change			
Add			
Aud			

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
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If an amendment provides for an exchange, reclassification, or cancel	lation of issued shares,
provisions for implementing the amendment if not contained in the a (if not applicable, indicate N/A)	imenament itseir:
(y an apparentic, and cute to a)	

The date of each amendment(s late this document was signed.) adoption:	, if other than the
·	1/02/2022	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file o	late)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirer Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sha	areholder action and shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the sufficient for approval.	e amendment(s)
	approved by the shareholders through voting groups. The foll for each voting group entitled to vote separately on the amena	•
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(Vollage Scoup)	
01/04/20 Dated	022	
Dated		
✓ Signature	Z. 7	
sele	a director, presidendor other officer – if directors or officers heted, by an incorporator – if in the hands of a receiver, trustee, binted fiduciary by that fiduciary)	
	SANJAY SHANKHLA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	