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COVER LETTER

TO: Amendment Section

Mailing Address

P.O. Box 6327

Amendment Section

Tallahassee, FL 32314

Division of Corporations

Division of Corporations							
NAME OF CORPORATION: TOY Plus Inc.							
DOCUMENT NUMBER:							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
<u> </u>							
Meni Rolan Lo							
Firm/ Company							
1334 Collins Ave. #202							
Address							
Miami Blach, 11, 33139							
City/ State and Zip Code							
TaxiPlus. SouthBlach@Gmail. (Om E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Gabriel Bolando 11,305,305-0705							
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:							
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) S43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional Copy is enclosed)							

Street Address

Clifton Building

Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

	of	<u> </u>
Tax: I	lus Im.	
(Name of Corporatio	on as currently filed with the Florida Dept.	of State)
D1300	1001001001	
(Docume	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation ado	pts the following amendmen
A. If amending name, enter the new name of the cor	rporation:	
Patriot Lime	0 T_{∞}	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	l "corporation," "company," or "incorpora " "Inc," or "Co". A professional corporati abbreviation "P.A."	ated" or the abbreviation
(Principal office address MUST BE A STREET ADD.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) D. If amending the registered agent and/or registers	ed office address in Florida, enter the name	of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent	$\underline{\hspace{1cm}}$	
New Registered Office Address:	(Florida street address)	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent. I	I am familiar with and accept the obligations o	of the position.
Signa	nture 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	PT	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>	N -	<u>Addres</u> s
1) Change			NA	
Add				
Remove				
2) Change			n a	
Add				
Remove			\	
3) Change			<u>nia</u>	
Add				
Remove				
4) Change			NA	
Add				
Remove			1	
5) Change			NA	_
Add				
Remove			1	
6) Change		·····	N A	
Add				
Remove				

	ling additional Arti heets, if necessary).		<u>e(s) here</u> :			
		ΩV	7		. <u> </u>	
		1 1/1				
						
		 				
f an amendment	orovides for an exch	ange, reclassifica	tion, or cancella	tion of issued sha	ares,	
provisions for in	olementing the amer ble, indicate N/A)					
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			•			

The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 11 05 17
Signature Veni Rolan Lo
(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)
(Typed or printed name of person signing)
Office Director Owner (Title of person signing)