## P17au65511

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TOPWARES INC		
DOCUMENT NUMB	ER: P17000063511		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	SEBASTIAN PAPPALETTI	(RA	
•		Name of Contact Person	1
		Firm/ Company	
	13899 BISCAYNE BLVD P	119	
•		Address	
	NORTH MIAMI BEACH, F	1, 33181	
		City/ State and Zip Cod	c
RUBE	N@MIATAX.COM		
· <del></del>	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
SEBASTIAN PAPPA	LETTERA	954 at (	de & Daytime Telephone Number
Name c	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:
S35 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 Cliftor	Address Iment Section on of Corporations i Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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2017 AUC 25

TAPWARES INC	2011 AUG 25 PM 4: 11
(Name of Corporation	on as currently filed with the Florida Dept. of State)
P17000063511	MELANASSEE, FLORIDA
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the con	rpora <u>tion:</u>
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the designation of the contains the	d "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicables (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>Y</u>
D. <u>If amending the registered agent and/or register</u> new registered agent and/or the new registered of	ed office address in Florida, enter the name of the office address:
Name of New Registered Agent	<del></del>
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent: I am familiar with and accept the obligations of the position.
т негену иссерстве аррынатен из гезімеген изет.	i an jamma win and accept the configurous of the position.
Signe	ature 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>	<u>John Doc</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Titl</u> e	Name	<u>Addres</u> s
1) Change	P	KLOSTON LTD	PO BOX 958 PASEA ESTATE
Add			ROAD TOWN TORTOLA
X Remove			V! VG111-0 VI
2) X Change	P	PAPPALETTERA, SEBASTIAN	13899 BISCAYNE BLVD
Add			STE 222
Remove			North Miami Beach F1, 33181
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

masa aunin anti is, y net com H.	ticles, enter change(s)  (Be specific)			
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			Charles Innance	
an amendment provides for an exc provisions for implementing the am	nange, reciassification	<u>n, or cancenation or</u> ned in the amendma	nt itself	
(if not applicable, indicate N/A)	chanche ii noi comun	account the amenan		
ζη, η τη γ				
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	<del></del>	<del> </del>		

	08/23/2017	
The date of each amendment() date this document was signed.	s) adoption:	, if other than the
	08/23/2017	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this e Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment e sufficient for approval.	u(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	8/23/17 Mu	
sele	a director, president or other officer – if directors or officers have not bee ected, by an incorporator – if in the hands of a receiver, trustee, or other co- ointed fiduciary by that fiduciary)	
	SEBASTIAN PAPPALETTERA	
	(Typed or primed name of person signing)	
	SECRETARY	
	(Title of person signing)	