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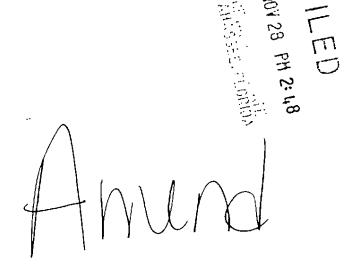
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	





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I ALURITTON

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION	ON: TOPW	ICIES INC		
DOCUMENT NUMBER:	P170000	53511		
The enclosed Articles of Am	nendment and fee are su	bmitted for filing.		
Please return all corresponde	ence concerning this ma	tter to the following:		
	R	Name of Contact Person		
		Name of Contact Person	n	
	Firm/Company			
	Firm/ Company			
	2645 NE 207th Street			
	Address			
		Aventura FL. 3	33180	
	City/ State and Zip Code			
	ROFFI @ O	inac-solutions.	com	
E-mail address: (to be used for future annual report notification)				
For further information conc	erning this matter, pleas	se call:		
Raffi	ANCIC	at (305	1 454- 9947	
Name of Contact Person Area Code & Daytime) <u>454- 9947</u> de & Daytime Telephone Number		
Enclosed is a check for the for	ollowing amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee □	3\$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			Address	
Amendment Section		Amendment Section		
Division of Corporations		Division of Corporations Clifton Building		
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

FILED

	Articles of Inco	-	2018 100 20	
T	20Wales Tal		2018 MOY 28 PM 2: 48	
(Name o	Corporation as currently	filed with the Florid	la Dept. of State)	
<u> </u>	70000 63511		SEC. 28 PM 2: 48	
	(Document Number of 0	Corporation (if knowr	n)	
cursuant to the provisions of section 607.1 s Articles of Incorporation:	006, Florida Statutes, this F	lorida Profit Corpord	ation adopts the following amendr	nent(s
. If amending name, enter the new na	me of the corporation:			
			The ne	ene ene
ume must be distinguishable and conto "Corp" "Inc.," or Co.," or the designovord "chartered," "professional associat	ition "Corp," "Inc," or "C	o". A professional o .A."	corporation name must contain is	
B. Enter new principal office address, i		2645	NE 20Ath Street	_
Principal office address <u>MUST BE A ST</u>	REET ADDRESS)		101, FL 33180	_
				_
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		2645 N	E 207 th Street	_
		AVENTU	10, FL 33180	-
				-
 If amending the registered agent and new registered agent and/or the new 		ss in Florida, enter t	he name of the	
Name of New Registered Agent	Raffi	<u> P</u> MCIC.		
	2645 NE 20	7th Street		
	(Florida stree	t address)		
New Registered Office Address:	Aventura		Florida 33180	_
	((Lity)	(Lip Code)	
Sew Registered Agent's Signature, if ch hereby accept the appointment as registe		th and accept the obli	igations of the position.	
	h			

Signature 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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	-	<u>Sebastian Pappalettera</u>	13899 BIBOUME Blud.
Add			Suite 222
Remove	_		N. micimi beach, FL 33181
2) Change Add	<u> </u>	ROFFI ANCIC	2645 NE 207 STREET AVENTURI, FL 33180
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	· · = · · ·
	*
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79-11	
	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	indment if not contained in the amendment itself:
(3	
	<u> </u>

The date of each amendment(s) ad	option:	if other than the
date this document was signed.	11/26/18	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date,)
Note: If the date inserted in this bedocument's effective date on the Dep	ock does not meet the applicable statutory filing requirement partment of State's records.	es, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes east for the ame ficient for approval.	endment(s)
	roved by the shareholders through voting groups. The followin each voting group entitled to vote separately on the amendmen	
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and s	hareholder
	pted by the incorporators without shareholder action and sharel	holder
Dated	11/24/18	
(By a di	rector, president or other officer – if directors or officers have I, by an incorporator – if in the hands of a receiver, trustee, or ced fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	Prosilant	
•	(Title of person signing)	