P17000064394

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SCCRETARY OF STATE ORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TITANIUM WIF	RELESS TOYZ, INC
DOCUMENT NUMBER: P17000064394	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
SANDRA PIERRE	
	Name of Contact Person
	Firm/ Company
299 NW 104TH STREET	
	Address
MIAMI, FL 33150	
	City/ State and Zip Code
SANDRAPIERRE_05@YAHOO	о.сом
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, plo	ease call:
786-426-5515	at () Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TITANIUM WIRELESS TOYZ, INC		
(Name of Corporation as	currently filed with the Flori	la Dept. of State)
P17000064394		
(Document N	umber of Corporation (if know	n)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	tes, this <i>Florida Profit Corpor</i>	ation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	tion:	
N/A		The new
name must be distinguishable and contain the word "con" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inword "chartered," "professional association," or the abbrev	c," or "Co". A professional	incorporated" or the abbreviation
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
C. Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
		
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		the name of the
N/A	400 COO	
Name of New Registered Agent		
	, -,	
	lorida street address)	
New Registered Office Address: N/A		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere	d Agent:	
I hereby accept the appointment as registered agent. I am f	amiliar with and accept the ob	ligations of the position.
		ŽUÍÍ ALLI
NA		AHE AND
Signature	of New Registered Agent, if cha	production (
Signature (-, · · · · · · · · · · · · · · ·	1771, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		97 -

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	VP	KIRK D. SIMMS	7951 NE BAYSHORE CT #910
X Add			MIAMI, FL 33138
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
Ct.			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	-/
f an amendment provides for an exc <u>l</u>	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	[
	X \ \
	
	•

The date of each amendment(s) adoption:, if	other than the
late this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
(no more than 90 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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 east for the amendment(s) was/were sufficient for approval	
by	
by	
☐ 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.	
8/10/1/4	
Signature Signature (residuel)	
(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)	
Sandra Mierre	
(Typed or printed name of person signing)	
tresident.	
(Title of person signing)	