P18000 25547

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TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: TOP Group Revials Inc. DOCUMENT NUMBER: P180000 25547				
DOCUMENT NUMBER: 2 (8000 25)4)				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Camilo C- Londono Name of Contact Person Top Group Revitals Inc. Firm/ Company				
100 Group Kentals Inc.				
1110 Bricken fre +130				
Migmi FL. 33125				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Canilo C. Londono at 305 310 - 2125				
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:				
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)				
* Mailing Address Street Address				
Amendment Section Amendment Section Division of Corporations Division of Corporations				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Inc	orporation
TOP CTION Rentals Inc	
	y filed with the Florida Dept. of State)
P18000025547	
	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1951 NW South River DT. April 702 Mlami FL 33125
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	ress in Florida, enter the <u>name of the</u>
Name of New Registered Agent KOMNU	Meria
(Florida st	reer address) River Dr. Ap+#17UZ
New Registered Office Address: Wiam	(City), Florida 33125 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	: with and accept the obligations of the position.
	Registered Agent, if changing
	PH 12: 18
Page 1	UI 4

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)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change	n	Lamilo C. Londoro	1440 NW 14th fix
Add Remove			Apt # 1905 Migmi FL 33185
2) Change Add	15	Aguilera Pabio	1550 Bay Food
Remove 3) Change Add	<u>P</u>	Roman Megia	Miami FL 33139 1451 NW South Priver Dr Apt #700
Remove 4) Change Add			Migmi FL 33125
Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NIA)	Attach additional sheets,	dditional Article if necessary). (Be specific)	 -		
provisions for implementing the amendment if not contained in the amendment itself:		y				
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(if not applicable, indicate N/A)	provisions for impleme	nting the amend	ment if not cor	tained in the an	endment itself:	
	(if not applicable, in	dicate N/A)	-	-	-	
						
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 w document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
(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)	
_	
President	
(Title of nerson signing)	