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## **COVER LETTER**

Fig. 23 PA 2.

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Tomes Services Corp Federal Hwy
Address orres@ Ktomes servicus. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

**Mailing Address** 

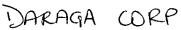
TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(Additional Copy is enclosed)

## **Articles of Amendment** to Articles of Incorporation



## (Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

DRG Classics, Compared to the must be distinguishable and contain the vision of the must be distinguishable and contain the vision of the must be distinguishable and contain the vision of the must be distinguishable and contain the vision of the must be distinguishable and contain the vision of the must be distinguishable and contain the vision of the must be distinguishable and contain the vision of the must be distinguishable and contain the vision of the must be distinguishable.	OCP.	The n
orp.," "Inc.," or Co.," or the designation "Cod" chartered," "professional association," or	orp," "Inc," or "Co". A professiona	l corporation name must contain
Enter new principal office address, if applica incipal office address MUST BE A STREET A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
If amending the registered agent and/or reginew registered agent and/or the new register		r the name of the
	red office address:	
new registered agent and/or the new register	red office address:	
new registered agent and/or the new register	r <mark>ed office address:</mark> (Florida street address)	Florida
new registered agent and/or the new register  Name of New Registered Agent	red office address:  (Florida street address)	
new registered agent and/or the new register  Name of New Registered Agent  New Registered Office Address:	red office address:  (Florida street address)  (City)	Florida
new registered agent and/or the new register  Name of New Registered Agent	red office address:  (Florida street address)  (City)  Registered Agent;	Florida (Zip Code)

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: $\underline{X}$ Change	<u>PT</u>	John Do	<u>ए</u>	
X Remove	V	Mike Jo	<u>nes</u>	
_X Add	<u>sv</u>	Sally Sm	n <u>ith</u>	
Type of Action (Check One)	Title		Name	Address
1)Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		****		
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4) Change				
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5) Change				
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K				
6) Change				
Add				
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	ending or adding additional Articles, enter change(s) here: h additional sheets, if necessary). (Be specific)
WILL W	
N	P
F. <u>If an</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself:
<u>ب بر</u>	(if not applicable, indicate N/A)
$\overline{N}$	P

The date of each amendment(s) adoption:  OH 18 18  date this document was signed.	if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	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	
☐ 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.	
Signature  (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 tiduciary)	<b>-</b> -
Jonatas Farias Lima (Typed or printed name of person signing)	<del></del>
President (Title of person signing)	