P1800067239

| (Requestor's Name) |
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| |
| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| , |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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AIIS 1.5 2018 S. YOUNG TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: Total Tech Masters | s Inc | |
|--------------------------|--|--|--|
| DOCUMENT NUMB | P18000067239 | | |
| The enclosed Articles of | of Amendment and fee are su | bmitted for filing. | |
| Please return all corres | pondence concerning this ma | tter to the following: | |
| | Shawn Darling | | |
| • | · | Name of Contact Persor | 1 |
| | Total Tech Masters Inc | | |
| | | Firm/ Company | |
| | PO Box 901632 | | |
| | | Address | <u> </u> |
| | Homestead, FL 33090 | | |
| | | City/ State and Zip Code | 2 |
| نا استماري | ng@me.com | | |
| South. | - | sed for future annual report | notification) |
| | 2 man address, (10 oc de | ret for factor annual report | no in four only |
| For further information | concerning this matter, pleas | se call: | |
| Shawn Darling | | 786 at (| 664-8489 |
| Name o | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | artment of State: |
| S35 Filing Fee | □S43.75 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) |
| Ame Divi P.O. | ling Address indment Section sion of Corporations Box 6327 ahassee, FL 32314 | Ameno Divisio Clifton | Address Iment Section on of Corporations Building Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

ωf

| Total Tech Masters Inc | | | | | |
|--|-----------------------------|--------------------------------|------------------------------------|------------------------|-------|
| (<u>Name o</u> | f Corporation as curren | tly filed with the Florida Dep | t. of State) | | |
| P18000067239 | | | | | |
| . | (Document Number | of Corporation (if known) | | | |
| Pursuant to the provisions of section 607. its Articles of Incorporation: | 1006, Florida Statutes, thi | s Florida Profit Corporation a | dopts the following | ; amendment(| s) to |
| A. If amending name, enter the new na | me of the corporation: | | | | |
| | | | | The new | |
| name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat | ation "Corp," "Inc," or | "Co". A professional corpora | orated" or the abation name must c | breviation contain the | |
| B. Enter new principal office address, | if annlicable: | 739 Washington Ave | | | |
| (Principal office address MUST BE A ST | #1632 | | | | |
| | Homestead, FL 33090 | | | | |
| C. Enter new mailing address, if appli (Mailing address MAY BE A POST of | 739 Washington Ave | SE SE | 18 A | | |
| | | #1632 | ES. | | |
| | | Homestead, FL 33090 | | | |
| D. If amending the registered agent an new registered agent and/or the new | | | me of the | 2:51 | ••• |
| Name of New Registered Agent | Shawn Darling | | | | |
| | 739 Washington Ave. #1 | 1632 | | | |
| | (Florida s | street address) | | | |
| New Registered Office Address: | Homestead | | _, Florida | | |
| | | (City) | (Zip C | Code) | |

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: X Change | <u>PT</u> | John Do | <u>e</u> | |
|----------------------------|-------------|-------------|---------------|---------------------|
| X Remove | <u>V</u> | Mike Joi | nes | |
| X Add | <u>sv</u> | Sally Sm | <u>nith</u> | |
| Type of Action (Check One) | Title | | Name | <u>Addres</u> s |
| 1) X Change | Р | _ | Shawn Darling | 739 Washington Ave |
| Add | | | | #1632 |
| Remove | | | | Homestead, FL 33090 |
| 2) Change | | | | _ |
| Add | | | | |
| Remove | | | | |
| 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | <u> </u> | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| f amending or adding additional Art Attach additional sheets, if necessary). | (Be specific) | | |
|---|-----------------------------|----------------------------|---------------------------------------|
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| f an amendment provides for an exc | hango reglessification or | concollation of icensed ch | arac |
| provisions for implementing the am | endment if not contained in | n the amendment itself: | 141 C31 |
| (if not applicable, indicate N/A) | | | |
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| The date of each amondment(a) | 08/10/2018 | , if other than th |
|---|---|-----------------------|
| The date of each amendment(s) a date this document was signed. | doption: | , if other than the |
| Effective date if applicable: | | |
| Interior date in appregame. | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the E | block does not meet the applicable statutory filing requirements, this date will be partment of State's records. | I not be listed as th |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were ac by the shareholders was/were s | dopted by the shareholders. The number of votes east for the amendment(s) ufficient for approval. | |
| | oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cas | t for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| ☐ The amendment(s) was/were action was not required. | lopted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were action was not required. | dopted by the incorporators without shareholder action and shareholder | |
| 08/10/20 Dated | 18 Dall | |
| (By a select | director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary) | _ |
| | Shawn Darling | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |