P18000097298

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



800326013228

08/18/19--01024--015 **35.00



2019 HAR 15 AM 10: 32



COVER LETTER

TO: Amendment Section Division of Corporations TORIANDIAMONDS INC NAME OF CORPORATION: __ P18 DOCUMENT NUMBER: ___ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company BUCH RATON FL 33433
City/ State and Zip Code INFO 6 TORVICE HONONOS, COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>561</u>) <u>729 7005</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

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			ص.
TORUN T	DIAMORI	DC 12/C		Es.
(Name of Cor	poration as currently	filed with the Florida De	pt. of State) >	7/2
<u> </u>	197298			(3)(5)
(1	Document Number of C	Corporation (if known)		\$
Pursuant to the provisions of section 607.1006, Its Articles of Incorporation:	Florida Statutes, this <i>Fl</i>	orida Profit Corporation	adopts the follow	ing amendm
A. If amending name, enter the new name of	the corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation ' word "chartered," "professional association," o	'Corp.'' "Inc.'' or "Ca	o". A professional corpo	porated" or the ration name mus	abbreviation
B. Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>	icable: "ADDRESS")			
Enter new mailing address, if applicable:	E NOVO			
(Mailing address MAY BE A POST OFFIC	<u>E_BOX</u>)			-
				
 If amending the registered agent and/or re new registered agent and/or the new regist 	gistered office addres ered office address:	s in Florida, enter the na	me of the	
Name of New Registered Agent				
				_
	(Florida street	address)		_
New Registered Office Address:			_, Florida	
	(Ci	(ty)		Code)
ew Registered Agent's Signature, if changing	Registered Agents			
hereby accept the appointment as registered ago	ent. I am familiar with	n and accept the obligation	ns of the position.	
	Signature of New Regi	stered 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.

	nove, and Saily Smith, SV as an Add.	
Example: X_Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
i) Change	PRESIDENT PETER TO	
√ Add		APT# 1425
Remove		BOCA RATON FL 330
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
_	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(y not applicable, maleule (VA)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 3/11/19	
Effective date if applicable: (no more than 90 days after amendment file date)	e)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amby the shareholders was/were sufficient for approval.	nendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment.	ng statement ent(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 action was not required.	shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.	eholder
Dated	
Signature	
Signature	not been
selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	other court
PETER TORUN	,
(Typed or printed name of person signing)	
President	
(Title of person signing)	