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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COL	RPORATION: TORIAN TECHN	NOLOGIES CORP			
DOCUMENT N	SUMBER: P19000000156				
	ticles of Amendment and fee are st	ubmitted for filing.			
Please return all	correspondence concerning this ma	atter to the following:			
	Michael L. Seiger, Esq.				
	·	Name of Contact Person	1		
	Beightey, Myrick, Udell, Lynne & Zeichman, P.A.				
	Firm/ Company				
	2385 Executive Center Dr.,	Suite 250			
	 	Address			
	Boea Raton, FL 33432				
		City/ State and Zip Cod	e		
	mseiger@bmulaw.com				
	E-mail address: (to be u	ised for future annual report	notification)		
	mation concerning this matter, plea				
Michael Seiger	<u> </u>	at ()		
?	lame of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a cho	eck for the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing F	Fee ☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment Articles of Incorporation of

FILED

			The Land
(Name o	of Corporation as curren	tly filed with the Florida De 2001 State	e).
P1900000156			16 Pii 2:28
	(Document Number	of Corporation (if known)	· SANTE
fursuant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the	following amendment(
. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and contain 'Inc.,'' or Co.,'' or the designation "C 'chartered,'' "professional association,"	lorp," "Inc," or "Co".	A professional corporation name mus	The new breviation "Corp.," a contain the word
B. Enter new principal office address,	if applicable:	13553 State Rd 54	
Principal office address <u>MUST BE A S</u>		94	
		Odessa, FL 33556	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		13553 State Rd 54	
		94	
		Odessa, FL 33556	
If amending the registered agent an new registered agent and/or the new Name of New Registered Agent			
name of wew negistered rigent	2385 Executive Center I	Pr., Suite 250	
	(Florida s	treet address)	
Van Parietanad Office Addresses	Boca Raton, FL	, Florida	33431
New Registered Office Address:			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 Doc, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	Р	Tory Perfetti	13553 State Rd 54
Add			94
Remove			Odessa, FL 33556
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary)	icles, enter change(s) here: (Be specific)
	
	<u> </u>
	1 C c
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
provisions for implementing the amer	adment if not contained in the amendment user.
(if not applicable indicate M/4)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate NA)	
(if not applicable, indicate N/A)	
(if not applicable, indicate NA)	

.

	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file dat	<u>e)</u>
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requireme partment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without share	holder action and shareholder
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the a fficient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
Dated4/4/2	Tory Perfelli	
(By a d selecte	irector, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, of a fiduciary by that fiduciary)	
	Tory Perfetti	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	