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## **CORPORATE**

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## WALK IN

	CERTIFIED COPY	
:	РНОТОСОРУ	· · · · · · · · · · · · · · · · · · ·
	CUS	
	FILING	AMENDMENT
	ROWARD SUR SERV	
(C	ORPORATE NAME AND DOC	CUMENT #)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: BROWARD SUR	SERVICE INC	
DOCUMENT NUM	D19000050100		
The enclosed Article	es of Amendment and fee are si	ubmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	JULIO VALENCIA		
	<del></del>	Name of Contact Perso	n
	BROWARD SUR SERVICE		
		Firm/ Company	
	1870 NE 163RD ST		
		Address	
	NORTH MIAMI BEACH FI	L 33162	
		City/ State and Zip Cod	e
	JULIO@SOLUTIONCOMP	UTERINC.COM	
	E-mail address: (to be u	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
ADA F BRAVO		at ( <u>9</u> 54	963-8771
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	S43.75 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		Amend Divisio The Co	Address  ment Section  n of Corporations  entre of Tallahassee  J. Monroe Street, Suite 810

Tallahassee. FL 32303

## Articles of Amendment to Articles of Incorporation of

2023 : 10 !" 9: 26

BROWARD SUR SERVICE INC.

	on as currently filed with the Florida Dept. of State)
P19000059109	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the co	rporation:
TOUCHLEASING INC	mu.
name must be distinguishable and contain the word "co "Inc.," or Co" or the designation "Corp." "Inc.," "chartered," "professional association," or the abbrev	The new proporation, ""company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
B. Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADD	
	<del></del>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	<u></u>
D. If amending the registered agent and/or registered	
many paristanced agent and to the contract of	ed office address in Florida, enter the name of the
new registered agent and/or the new registered o	office address:
new registered agent and/or the new registered o	office address:
new registered agent and/or the new registered o	office address:
new registered agent and/or the new registered o	office address:
new registered agent and/or the new registered o	(Florida street address)
new registered agent and/or the new registered o	office address:
new registered agent and/or the new registered o	Office address:  (Florida street address)  . Florida
new registered agent and/or the new registered o  Name of New Registered Agent  New Registered Office Address:	(Florida street address)
new registered agent and/or the new registered o  Name of New Registered Agent  New Registered Office Address:  Sew Registered Agent's Signature, if changing Regis	(Florida street address)
new registered agent and/or the new registered o  Name of New Registered Agent  New Registered Office Address:  Sew Registered Agent's Signature, if changing Regis	(Florida street address)  Florida(City)  (Zip Code)
new registered agent and/or the new registered o  Name of New Registered Agent  New Registered Office Address:  Sew Registered Agent's Signature, if changing Regis	(Florida street address) , Florida (City) (Zip Code)
new registered agent and/or the new registered o  Name of New Registered Agent  New Registered Office Address:  Sew Registered Agent's Signature, if changing Registered Re	(Florida street address)
new registered agent and/or the new registered of New Registered Agent  New Registered Office Address:  New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	(Florida street address)
new registered agent and/or the new registered of New Registered Agent  New Registered Office Address:  New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	(Florida street address), Florida (City) (Zip Code)  stered Agent: am familiar with and accept the obligations of the position.

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	$\underline{SV}$	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		<del>-</del>	
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change	<del>.</del> .		
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)	
-		_
-		<u> </u>
-		
f an amendment provides for an excha	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
(y noi appacaoie, maicate 1974)		
<u> </u>		

The date of each amendment(s) adoption: 07/10/2020	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 day	s after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board action was not required.	of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The num by the shareholders was/were sufficient for approval.	ber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote s	
"The number of votes east for the amendment(s) was/were suf	ficient for approval
by	
(voting group)	
07/10/2020	
Dated	-
Signature Ada Habrar	
(By a director, president or other officer - i selected, by an incorporator - if in the hand appointed fiduciary by that fiduciary)	f directors or officers have not been is of a receiver, trustee, or other court
ADA F BRAVO	
(Typed or printed name	of person signing)
INCORPORATOR	
(Title of person signing)	