P19000061568

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TALL SECTIONS

COVER LETTER

TO: Amendment Section Division of Corporations TOSHIKU Senvices Conp. NAME OF CORPORATION: <u>P19000061568</u> DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CLAUDIO BONBOSA Firm/ Company 22717 Sloepy Brock LN, Address BOCA RATON FL, 33428

City/ State and Zip Code CLA Vd10ARVbA Q YAITOV. COY

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Claudio Banhosa at 786 317 7706

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Certificate of Status □\$43.75 Filing Fee & S35 Filing Fee ☐\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, Fl. 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

is enclosed)

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

TOSHIKU	Benvic ES tion as currently filed v	Conpora	tion
		vith the Florida Dept. o	of State)
P 190000	61568		
(Docu	ment Number of Corpor	ration (if known)	
Pursuant to the provisions of section 607,1006, Floric its Articles of Incorporation:	da Statutes, this <i>Florida</i>	Profit Corporation ado	pts the following amendment(:
A. If amending name, enter the new name of the o	corporation:		
			The new
name must be distinguishable and contain the word "o "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb	," or "Co". A profes.		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE Bo</u>	<u>OX</u>)		
D. If amending the registered agent and/or register		lorida, enter the name	of the
new registered agent and/or the new registered	i office address:		- 2
Name of New Registered Agent			
	(17 · 1 · · · · 11 ·		
	(Florida street addre	(88)	
New Registered Office Address:	(City)	i	Florida
	(Chy)		Tay (May)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	ogistered Agent: I am familiar with and	accept the obligations of	of the position.
Sign	nature of New Registere	d Agent, if chanving	

Check if applicable

☐ 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)

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	PT Jo	ohn Doc	
X Remove	<u>V</u> <u>M</u>	<u>like Jones</u>	
X Add	<u>SV</u> Si	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	FABIANA AVELINO	22 777 Sleepy Brook L
⋌ Add			22 777 Sleepy Bnook L Boca Ratow, FL 33428
Remove			
2) Change			
Add			
Remove 3) Change	VP	Paulo Silva	2411 NE 1ST TENNACE
Add			Pompano Beach, FC 3306)
Remove			
4) Change			
Add			
Remove			20 7 PU 2
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach additional sheets, if necessary). (Be spec	÷1.1.)			
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n amendment provides for an exchange, rec	lassification, or cance	llation of issued sha	Tes	
ovisions for implementing the amendment if	not contained in the	amendment itself:	7 2.11	
(if not applicable, indicate N/A)				
		-		
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				SECIVE IN STATE
				7
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The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> : 08/02/23	
Effective date <u>if applicable</u> : 08/02/23 (no more than 90 days after amena	ment file date)
Note: If the date inserted in this block does not meet the applicable statutory filir document's effective date on the Department of State's records.	ig 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 of directors vaction was not required.	vithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes of by the shareholders was/were sufficient for approval.	east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately on	
"The number of votes cast for the amendment(s) was/were sufficient for ap	proval
by	
(voting group)	
Dated	
Signature (By a director president or other officer – if directors or selected by an incorporator if in the hands of a receiv appointed fiduciary by that fiduciary)	er, trustee, or other court
(Typed or printed name of person sig	05/1
	ning)
President.	
(Title of person signing)	
	2023 AUG.
	<u>i</u>

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