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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: ETOR PROFES	SIONAL SER	/ICES, CO	RP
DOCUMENT NUMB	ER: P19000063617			
The enclosed Articles of	of Amendment and fee are so	ubmitted for fili	ng.	
Please return all corres	pondence concerning this ma	atter to the follo	wing:	
1	GLAUCIA BASTOS			
-		Name of Co	ntact Perso:	
THE TRUST CIRCLE SERVICES, LLC				•
-			<u> </u>	
	1001 EAST SAMPLE ROA		Company	
-		Add	iress	<u> </u>
1	POMPANO BEACH FLOR			
_		City/ State a	nd Zip Cod	e e
ATEN	DIMENTO@THETRUST(	CIRLCLE.INFO	)	
<del></del>	E-mail address: (to be us	sed for future ar	nual report	notification)
			•	,
For further information	concerning this matter, pleas	se call:		
GLAUCIA BASTOS			954	<b>8647884</b>
Name of	at (	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the P	lorida Depa	urtment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fili Certified C (Additional enclosed)	ору	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 bassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

ETOR PROFESSIONAL SERVICES, CORP

(Name of Corporatio	n as currently filed with the Florida Dept. of State)
P19000063617	as currenty med with the Fiorita Dept. or State
(Docume	ent 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) to
A. If amending name, enter the new name of the cor	poration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp,' word "chartered," "professional association," or the a	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
	<u> </u>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	
D. If amending the registered agent and/or registere	d office address in Florida, enter the name of the
new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
	Tronad sireer duiressy
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	tered Agent:
	am familiar with and accept the obligations of the position.
Signat	ure 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ARTHUR PEDRO ETOR	3901 NW 9TH AVENUE
X Add			POMPANO BCH FL 33064
Remove			<del></del>
2) Change	D	ROSIANA F DE OLIVEIRA	3901 NW 9TH AVENUE
X Add			POMPANO BCH FL 33064
Remove			-
3) Change		<del>-</del>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>	_	
Add			
Remove			
6) Change			
Add			
Remove		•	

	s, if necessary). (1	Be specific)			
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			<del></del>		
	<u>ides for an exchan</u>	ge, reclassificatio	<u>n, or cancellation</u>	of issued shares,	
an amendment prov	nenting the amends	<u>ment if not contai</u>	ned in the amend	ment itself:	
<u>provisions for implen</u>					
an amendment provorsions for implem (if not applicable,	indicate N/A)				
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<u>provisions for implen</u>	indicate N/A)				

date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will artment of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoptaction was not required.	ed by the incorporators without shareholder action and shareholder	
09/03/2019 Dated		
Signature (B) a dire selected.	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	_
J( 	OSE ETOR	
	(Typed or printed name of person signing)	
Pi	RESIDENT	
•	(Title of person signing)	<del></del>