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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Testing Unlimited S	olutions, Inc.					
DOCUMENT NUMBER: P200000032799							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all corre	spondence concerning this matte	er to the following:					
	Charmanshi R. Davis						
	Name of Contact Person						
	Testing Unlimited Solutions, Inc.						
	Firm/ Company						
	5520 NW 49th Way						
	Address						
	Coconut Creek, FL 33073						
	City/ State and Zip Code						
	DACHARMING1@GMAIL.COM						
	E-mail address: (to be used for future annual report notification)						
For further informatio	n concerning this matter, please	call:					
Charmanshi R. Davis		954 at (8546055				
Name o	of Contact Person	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 & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	© \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address			et Address				
Amendment Section Division of Corporations		Amendment Section Division of Corporations					
Division of Corporations		The Centre of Tallahassa					

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

100 July 2 My 9: 20

Testing Unlimited Solutions, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P200000032799 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: PO BOX 971025 (Mailing address MAY BE A POST OFFICE BOX) COCONUT CREEK, FL 33073 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. NIA Signature of New Registered Agent, if changing

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)

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

X Change	<u>PT</u>	John Doe	
\underline{X} Remove	$\underline{\mathbf{V}}$	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	Jesus Del Risco	2510 NW 97th Avenue
X Add			Ste 140
Remove			Miami, FL 33172
2) Change			
Ađd			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
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f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	NIA
	1 1 []

•) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file da	
	(no more than 90 days after amenament file da	ie)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requireme Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the a sufficient for approval.	nmendment(s)
	approved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amenda.	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	. 	
	(voting group)	
5/23/200 Dated	20	
Signature	u	
(By sele	a director, president or other officer – if directors or officers have cted, by an incorporator – Kin the hands of a receiver, trustee, of conted fiduciary by that fidurary)	
	Charmanshi R. Davis	
	(Typed or printed name of person signing)	
	President/MGR	
	(Title of person signing)	