## P200000041986

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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M. M. (M.)

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: TULAPTOP BUS	INESS CORP	
DOCUMENT NUME	BER: P20000041986		
The enclosed Articles	of Amendment and fee are su	ubmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	MARANTE, NATIANA		
	ASSET SUPPORT	Name of Contact Perso	n
	1000 BAMBOO LN	Firm/ Company	
	WESTON, FL 33327	Address	
		City/ State and Zip Cod	e
	NATIANA@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
NATIANA MARANT	E	at ( <sup>786</sup>	9999640
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 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 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303

## **Articles of Amendment** Articles of Incorporation

TULAPTOP BUSINESS CORP

P20000041986  (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts its Articles of Incorporation:	the following amendment(s) to
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts	the following amendment(s) to
	the following amendment(s) to
in the test of more political.	
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or th "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	202
<del></del>	
	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:	٠
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
	2
D. If amending the registered agent and/or registered office address in Florida, enter the name of	f the
new registered agent and/or the new registered office address:	MARASHA.
Name of New Registered Agent	
(Florida street address)	
TOW TO STATE OF THE STATE OF TH	orida
(City)	(Zip Code)
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.
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)

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		
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) X Change	p	Luisana Arasme Rodriguez	300 CAUGHMAN FARM LN	
Add			LEXINGTON, SC 29072	
Remove				
2) Change			<u> </u>	
Add				
Remove 3) Change		<u>.                                    </u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove			- <del></del>	
6) Change				
Add				
Remove				

	(Be specific)	
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f an amendment provides for an excl	ange, reclassification, or cancella	ation of issued shares,
provisions for implementing the amo		nenument usen:
provisions for implementing the ame (if not applicable, indicate N/A)	nament it not contained in the ai	
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provisions for implementing the ame	nament it not contained in the ai	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
June 25, 2020	
Effective date <u>if applicable</u> :	
(no more th	n 90 days after amendment file date)
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's record	plicable statutory filing requirements, this date will not be listed as the s.
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators action was not required.	or board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled	through voting groups. The following statement to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was	were sufficient for approval
100	•
by (voting group)	·
June 27, 2020 Dated	
	<del></del>
Signature Wisawa Aros	sme .
(By a director, president or other of	fficer – if directors or officers have not been the hands of a receiver, trustee, or other court ry)
Wisana	Arasne.
	ed name of person signing)
VICE-F	resident.
(Title of persor	signing)