P20000097773

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(Cit	y/State/Zip/Phone #	()
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COVER LETTER

TO: Amendment Section
Division of Corporations

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NAME OF CORPOR	ATION: TOMMY BRAVO	INC			
DOCUMENT NUMB	ER: P20000097773				
	f Amendment and fee are sub	omitted for filing.			
Please return all corresp	oondence concerning this mat	ter to the following:			
-	THOMAS JOHANNESEN				
_		Name of Contact Persor	1		
-	Firm/ Company				
:	290 N OLIVE AVENUE #93.	5			
_	Address				
,	WEST PALM BEACH, FL 33401				
_		City/ State and Zip Code	3		
,	TSJTRANSPORTS@GMAIL	COM			
-	E-mail address: (to be use	ed for future annual report	notification)		
For further information	concerning this matter, pleas	e call:			
THOMAS JOHANNE	SEN	at (635-9223		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The C 2415 f	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303		

Articles of Amendment to Articles of Incorporation of

TOMMY BRAVOING

TOWNT DRAYO INC	
(Name of Corporation as currenti	ly filed with the Florida Dept. of State)
P20000097773	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "on "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". 2 "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," 1 professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>r</u>
Name of New Registered Agent	
(Florida st	reet address)
	Placida
New Registered Office Address:	(City) Florida (Zip Code)
	•
New Registered Agent's Signature, if changing Registered Agent	<u>ı:</u>
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New K	Registered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(e) FS
The unchanted is are sent med paradian to s. 007.0120 (11)	\-/* - ·

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>P1</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>	Address
1) Change	P	BRENDA ALVAREZ	290 N OLIVE AVENUE #935
Add			WEST PALM BEACH, FL 33401
X Remove 2) Change	P	THOMAS JOHANNESEN	290 N OLIVE AVENUE #935
X Add			WEST PALM BEACH, FL 33401
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			····
Add			
Remove			
6) Change			
Add			
Remove			

fan amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		ng additional Artic ets, if necessary).	(Be specific)			
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The date of each amendment(s) adoption:	, if other than
Effective date <u>if applicable</u> : (no more than 90 days after am	
(no more than 90 days after am	enameni jue aate)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the incorporators, or board of director action was not required.	ors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of voi by the shareholders was/were sufficient for approval.	tes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gromust be separately provided for each voting group entitled to vote separately	oups. The following statement on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for	r approval
by	<u> </u>
(voting group)	
Dated	
Signature(By a director, president or other officer – if director selected, by an incorporator – if in the hands of a recappointed fiduciary by that fiduciary)	s or officers have not been beiver, trustee, or other court
THOMAS JOHANNESEN	
(Typed or printed name of person	signing)
PRESIDENT	
(Title of person signing)	

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