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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPO	DRATION: TOGASI HOMES	CORP	· · · · · ·			
The enclosed Article	es of Amendment and fee are su					
Please return all cor	respondence concerning this ma	tter to the following:				
	DEL TORO JAUME, CARL	OS M				
		Name of Contact Person	n			
	TOGASI HOMES CORP					
		Firm/ Company				
	17083 SW 149TH PL					
	Address					
	MIAMI FLORIDA 33187					
		City/ State and Zip Cod	¢			
	deltorojaume@gmail.com			4 		
	E-mail address: (to be us	sed for future annual report	notification)			
For further informat	ion concerning this matter, pleas	se call:		- - :		
DEL TORO JAAUME, CRLOS M		786 at (800-6502 de & Daytime Telephone Number	_ • •		
Name of Contact Person		Area Co	de & Daytime Telephone Number	~. ₁		
Enclosed is a check	for the following amount made	payable to the Florida Dep.	artment of State:			
S35 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)			
	ailing Address nendment Section		Address Iment Section			

Division of Corporations

Tallahassee, FL 32303

The Centre of Tailahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

(Name)	of Corporation as curren	itly filed with the Florida De	pt. of State)	
221000023137				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.	1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following amendment	
a. If amending name, enter the new n	ame of the corporation:			
ame must be distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association,"	Corp." "Inc." or "Co".	A projessional corporation		
3. Enter new principal office address, Principal office address <u>MUST BE A S</u>		17083 SW 149TH PLMI	AMI, FL 33187	
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)		17083 SW 149TH PLMI	AMI, FL 33187 —	
). If amending the registered agent ar new registered agent and/or the new			ame of the	
Name of New Registered Agent	Name of New Registered Agent DEL TORO JAUME, CARLOS M			
	17083 SW 149TH PL			
New Registered Office Address:	(Florida s MIAMI FLORIDA	areet address)	Florida	
		(Civ)	(Zip Code)	

Signature Wew 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:

Remove

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 Doc 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 PΤ John Doe X Remove Mike Jones <u>X</u> Add SVSally Smith Title Address Type of Action <u>Name</u> (Check One) DEL TORO JAUME, CARLOS M 17083 SW 149TH PL ___ Change MIAMI FLORIDA 33187 __ Add ___ Remove GARCIA PERELLO, LUCAS 1026 SW 15TH 2) ____ Change CAPEL CORAL FLORIDA 33991 ____ Add Remove SILVANO HIDALGO, JOSE L 17083 SW 149TH PL Change MIAMI FLORIDA 33178 __ Add Remove DEL TORO, HERNANDEZ SAILY 17083 SW 149TH PL 4) ____ Change MIAMI FLORIDA 33187 Add _ Remove 5) ____ Change ___ Add _ Remove 6) ____ Change Add

amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)		
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an amendment provides for an exchange, reclassification, or cancellation of issued shares,		; ; ;;-
orovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	•	
		~
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		-
	 	-

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
SEPTEMBER 21, 2023	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ocument's effective date on the Department of State's records.	I not be listed as th
adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	l shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
SEPTEMBER 26, 2023	
Dated	
Signature	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	, · · · · · · · · · · · · · · · · · · ·
appointed fiduciary by that fiduciary)	
DEL TORO JAUME, CARLOS M	. <u>.</u>
(Typed or printed name of person signing)	
PRESIDENT ON Sun	. 25
(Title of person signing)	
(