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A. RAMSEY
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Total Tv Network	IN C.	
DOCUMENT NUM			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Jerry Wolff		
		Name of Contact Person	3
	Total TV Network	<u>-</u> ,	
	;	Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	119 Morley Circle		
		Address	
	Melville, New York 11747		
		City/ State and Zip Code	ਦ
	totaltvnetwork@gmail.com		
	- -	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Joe Grimm		at (³³⁰	3531375
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

FILED

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

9022 HH 10 PM 12 05

Total TV Network, 200.	Saca age to this ea
(Name of Corporation as	currently filed with the Florida Dept. of State) TARY OF OFATE
23000007445	รล์กั (ลูหิสรีรับยี่) รับกากา
(Document N	lumber of Corporation (if known)
·	• • •
ursuant to the provisions of section 607.1006, Florida Status Articles of Incorporation:	ates, this Florida Profit Corporation adopts the following amendment(
. If amending name, enter the new name of the corpora	ation:
'A	The new
	ation," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word on "P.A."
F-4includ office address if annicables	NA
 Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS 	S)
Enter new mailing address, if applicable:	NA
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
. If amending the registered agent and/or registered of	
new registered agent and/or the new registered office	: audress:
Name of New Registered Agent NA	
	Florida street address)
New Registered Office Address: NA	, Florida
New Registered Office Address.	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registere	
hereby accept the appointment as registered agent. I am f	familiar with and accept the obligations of the position.
	CM B : I d : C d
Signature of	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	$\underline{\mathbf{v}}$	Mike Jones			
X Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) NA Change	NA	NA		NA	
Add				·	
Remove					
2) Change		_			
Add					
Remove Change					
Add					
Remove					<u>-</u>
4) Change			,		
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		<u> </u>			·
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
NA
F. If an 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)
Total TV Network will increase its number of shares of stock from 200 to 10,000,000 available to be issued or sold.

	7/6/23	
The date of each amendm		, if other than th
date this document was sign		
Effective date if applicable	7/6/23	
Enective date it applicable	(no more than 90 days after amendment file date)	
	in this block does not meet the applicable statutory filing requirements, this date will ton the Department of State's records.	not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/vaction was not required.	were adopted by the incorporators, or board of directors without shareholder action and s	hareholder
	were adopted by the shareholders. The number of votes cast for the amendment(s) s/were sufficient for approval.	
• •	were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):	
"The number of vo	otes cast for the amendment(s) was/were sufficient for approval	
by	"	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
71/	(0.3	
7/6. Dated	723	
Signature	Jerry- Wolff	_
Ü	(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)	
	Jerry Wolff	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	<u> </u>