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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TORIAN ENTERI	PRISES, INC.			
DOCUMENT NUMB	ER: P23000052960				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	oondence concerning this ma	tter to the following:			
	Michael L. Seiger, Esq.				
-		Name of Contact Person		<u> </u>	
	Beighley, Myrick, Udell, Lyr	nne & Zeichman, P.A.		 	
-	······	Firm/ Company	·	li	
	2385 Executive Center Dr., S	uite 250		∥ .	
-	······································	Address		 	
	Boca Raton, FL 33432			 :	
-		City/ State and Zip Code			
mseiger@bmulaw.com					
-	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:		PATE !	
Michael Seiger		561 at (549-9036		
Name o	f Contact Person		le & Daytime Telephone	Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)		
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite ssee, FL 32303	B 10	

Articles of Amendment to Articles of Incorporation of

TORIAN ENTERPRISES, INC.

TORRAL EL TERA MODO, A.C.		[]
(Name of Corporation as currer	tly filed with the Florida Dept. of	State)
P23000052960		
(Document Number	of Corporation (if known)	
	•	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopt	s the following amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation name	the a bbreviation "Corp.,"
3. Enter new principal office address, if applicable:	13553 State Rd 54	II.
Principal office address MUST BE A STREET ADDRESS)	94	·:
	Odessa, FI. 33556	
C. Enter new mailing address, if applicable:	13553 State Rd 54	47 57
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	94	1 0.00 100 B
	Odessa, FL 33556	E FLIA
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address		of the
(Florida	street address)	<u> </u>
•	•	
New Registered Office Address:	, F1 /City)	ori da
New Registered Agent's Signature, if changing Registered Age		
hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of	the position.
Signature of New	Registered Agent, if changing	
Check if applicable	<i>C D W W</i>	
\Box The amendment(s) is/are being filed pursuant to s. 607.0120 (1)) (e), F.S.	il .

P = President; V = Vice F Executive Officer; CFO = President, Treasurer, Dire Changes should be noted a change, Mike Jones lew Mike Jones, V as Remove,	ector title President, Chief Filector wou in the follows the co	e by the fit; T= Trea nancial O dd be PTI llowing ma orporation	unner. Currently John Doe is listed as the a , Sally Smith is named the V and S . These	an one title, list the 2 PST and Mike Joi	first letter of each office held. hes is listed as the V. There is
Example: X Change	PT	John Doe	<u>e</u>		
X Remove	V	Mike Jor	ne <u>s</u>		
X Add	<u>sv</u>	Sally Sm	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s	
1) X Change	P	_	Tory Perfetti	13553 State Rd	54
Add				94	<u> </u>
Remove				Odessa, FL 335	5 6
2) Change					
Add		_			***
Remove					
3) Change		_			
Add					Barrier Barrier
Remove					
4) Change	•	_			<u> </u>
Add					
Remove					
5) Change		_			
Add					
Remove					<u> </u>
6) Change		_			
Add					
Remove					<u></u>

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:

E. If amending or adding additional Articles, enter change(s) here:		
(Attach additional sheets, if necessary). (Be specific)		
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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)		
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The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendment)	file date)
	11
Note: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	airements, 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 directors withou action was not required.	t shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast fo by the shareholders was/were sufficient for approval.	r the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	1.3
4/4/2024	
Dated T. D. P. U.	$\frac{1}{\sigma}$
Signature Tory Perfetti	<u> </u>
(By a director, president or other officer – if directors or office selected, by an incorporator – if in the hands of a receiver, tru appointed fiduciary by that fiduciary)	
Tory Perfetti	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

the

the

eSignature Details

JH75jUYHWLcfd5CDnbfwsgNC Tory Perfetti tory@bettertomorrowtc.com 47.199.53.145 Apr 4 2024, 8:26 pm EDT

Signer ID: Signed by: Sent to email: IP Address: Signed at: