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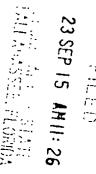
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Special instructions to r	uning Officer.	J. HORNE
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TALLAHANSER, FLORID

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COVER LETTER

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TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing, Please return all correspondence concerning this matter to the following: Firm' Company 0232@ Out Look. Com For further information concerning this matter, please call; Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

Street Address:

enclosed)

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(Additional Copy is enclosed)

Articles of Ar	
to Articles of Inco	orporation 200
Total Solu	tion AYF Inc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
<u> </u>	5 0
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "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>)	1969 S. alafaya Trail Suite 312
	Mando, 21 32828
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1969 S. Clayaya Irail Sutt 312 (Orlando II 32828
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Minia	C10:7
Name of New Registered Agent Office Signature (Florida streen)	Majaya trail Site 312
New Registered Office Address: OM (1)	City) . Florida 32828 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Signature of New Re	egistered 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.

Example:	DT	1.1.15		
X Change	<u>PT</u>	John De	<u>oe</u>	
\underline{X} Remove	$\underline{\mathbf{V}}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	ni <u>th</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	1	_	Alicia Saiz	1969 S. alafaja Sute:
Add				<u>Unando J 32828</u>
Remove	1)	andrei Vargas	1969 S. alapaya Si
2) Change Add			Andrei Vargas.	1969 S. alapaya S. Orlando, H 32828
Remove Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additio	r adding additional Art nal sheets, if necessary).	(Be specific)	-Letor mere.			
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7						
						
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						* ***
. If an amendm	ent provides for an excl	iange, reclassif	ication, or can	cellation of issue	d shares,	
provisions to (if not ap	r implementing the ame plicable, indicate N/A)	ndment il not c	ontained in th	e amendment its	self:	
	· · · · · ·					
				-		
			· · · · · · · · · · · · · · · · · · ·			
	-				· -	
						

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The date of each amendment(s) adoption late this document was signed.	on: 9/15/23.	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	e)
Note: If the date inserted in this block of document's effective date on the Department.	does not meet the applicable statutory filing requiremenent of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the arent for approval.	mendment(s)
	d by the shareholders through voting groups. The follow voting group entitled to vote separately on the amendment	
"The number of votes cast for th	ne amendment(s) was/were sufficient for approval	
by	(voting group)	
selected, by	or, president or other officer – if directors or officers have an incorporator – if in the hands of a receiver, trustee, of duciary by that fiduciary)	
	Hlicia Saiz	
	(Typed or printed name of person signing)	
	(Title of person signing)	