P17000056583

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TO: Amendment Section Division of Corporations

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NAME OF CORPORATION:	SECTECH INC		
DOCUMENT NUMBER: P17	000006583		
The enclosed Articles of Amenda	nent and fee are submitt	ed for filing.	
Please return all correspondence of	oncerning this matter to	the following:	
AURE	A L. HERMIJO DIAZ		
	N	ame of Contact Person	· · · · · · · · · · · · · · · · · · ·
SECT	ECH INC		
-		Firm/ Company	
15888	SW 95 AVE		
*		Address	**************************************
MIAM	I, FL 33157		
*******	Ci	ty/ State and Zip Code	}
edgard	k.castillo@gmail.com		
E-mai	address: (to be used fo	r future annual report	notification)
For further information concerning	g this matter, please call	786	362-0615
		at (_/
Name of Contact F	erson	Area Coc	le & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made payab	le to the Florida Depar	rtment of State:
	ficate of Status (A	43.75 Filing Fee & Certified Copy Additional copy is nclosed)	□\$52.50 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		Amendi Division Clifton 2661 Ex	Address ment Section n of Corporations Building tecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

SECTECH INC	
VII. 1. II. II. II. II. II. II. II. II. I	urrently filed with the Florida Dept. of State)
P17000006583	
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute ts Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	ion:
N/A	The new
name must be distinguishable and contain the word "corp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc. word "chartered," "professional association," or the abbrevia	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."
	N/A
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
(Mulling undress MAT BE A FOST OF FICE BOX)	
D. If amending the registered agent and/or registered offic	
new registered agent and/or the new registered office a	ddress:
Name of New Registered Agent N/A	
(Flo	rida street address)
New Registered Office Address:	. Florida
New Neglistered Office Hadress.	(City) (Zip Code)
lew Registered Agent's Signature, if changing Registered	
hereby accept the appointment as registered agent. I am fan	niliar with and accept the obligations of the position.
	1
Nignature 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	VP	AUREA L. HERMIJO DIAZ	15888 SW 95 AVE APT 201
Add			MIAMI, FL 33157
Remove			
2) X Change	P	EDGARD K. CASTILLO CELIS	15888 SW 95 AVE APT 201
Add			MIAMI, FL 33157
Remove			
3) Change			
Add			
Remove			
4) Change	 		
Add			
Remove			
5) Change		***************************************	
Add			
Remove			
6) Change			
Add			
Remove			

	heets, if necessary).	(Be specific)			
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an amendment p	provides for an excha plementing the amen	inge, reclassifica	ation, or cancellate	<u>ion of issued sh</u> endment itself:	ares,
(if not applied	ble, indicate N/A)	different flot con	realited it the air	enant <u>ent ttsett.</u>	
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date this document was signed.	option:, if other than th
Effective date if applicable:	
	(no more than 90 days after amend <mark>ment file date)</mark>
Note: If the date inserted in this be document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the amendment(s) reient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast i	or the amendment(s) was/were sufficient for approval
. by	••
	(voting group)
The amendment(s) was/were adopaction was not required.	ted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopaction was not required.	ted by the incorporators without shareholder action and shareholder
APRIL 8 Dated	H, 2017
Signature	fruit .
(By a disselected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	AUREA L. HERMIJO DIAZ
-	(Typed or printed name of person signing)
	PRESIDENT
-	(Title of person signing)