## P180000 27529

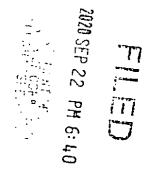
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OCT 30 2020 S. YOUNG

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: CIT COMPUTER	CORP	
	BER: P18000027529		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	PETER A CAMPOS		
		Name of Contact Persor	1
	<u> </u>	Firm/ Company	
	151 BERKLEY RD STE 30		
		Address	
	HOLLYWOOD FL 33024		
		City/ State and Zip Code	2
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
PETER	_	at (305	519-1356
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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ani Div	iling Address endment Section ision of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

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(Name of Cases of Cas	and the state of the state		
P18000027529	rently filed with the Florida D	ept. of State)	
	ber of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	•	r adopts the following amend	dment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>		
		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 "I	". A professional corporation	d" or the abbreviation "Cor.	<i>n</i>
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		2	_
		20	
		SE SE	_ TT
C. Enter new mailing address, if applicable:		22 Hora	-
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	Maria To	- 111
			_ •
		<del> </del>	_
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	address in Florida, enter the n	name of the	
new registered agent ana/or the new registered office add	iress:		
Name of New Registered Agent			
(Florid	la street address)		
New Registered Office Address:		, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Ag	nont.		
I hereby accept the appointment as registered agent. I am famil	liar with and accept the obligation	ons of the position.	
Signatura of Ma	w Registered Agent, if changing	<del></del>	
	n negacieu agem, y changmy	ς.	
Check if applicable  (1) The approximates interest being 51sd annual control of 51sd annual	111/11/20		
$\rlap/\!$	11) (c), 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:

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 De	<u>oe</u>	
X Remove	Y	Mike Jo	<u>ones</u>	
X Add	<u>\$V</u>	Sally Si	mith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP	_	CARLOS RODRIGUEZ CAMPOS	200 GATE RD # 203
X Add				HOLLYWOOD FL 33024-1368
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		<del>_</del>		
Add				119
Remove				
6) Change				
Add				
Remove				

Attach additional si	heets, if necessary).	icles, enter change(s)   (Be specific)			
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an amendment p	rovides for an exch	ange, reclassification,	or cancellation of	issued shares,	
Lif not applical	lementing the amende, indicate N/A)	ndment if not contain	ed in the amendme	ent itsell:	
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The date of each amendment(s) .	09/10/2020 adoption:	, if other than
date this document was signed.		, ii other than
09) Effective date <u>if applicable</u> :	10/2020	
енестус пасе <u>и аррисате</u> .	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this locument's effective date on the E	block does not meet the applicable statutory filing requirements, this date volepartment of State's records.	will not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were apmust be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	**	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
selecte	hrector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	PETER A CAMPOS	
	(Typed or printed name of person signing)	
	Presidony	
	(Title of person signing)	

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