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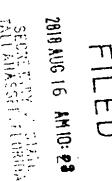
(F	Requestor's Name)	
(A	Address)	_
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COVER LETTER

TO: Amendment Section Division of Corporations

TECODE INC NAME OF CORPORATION:			
N14000008097			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	ibmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
DAVID BERMUDEZ			
	(Name of Contact	Person)	
TECODE INC			
	(Firm/ Compa	any)	
2210 W 1ST ST			
	(Address)	 	
SANFORD, FL 32771			
	(City/ State and Z	ip Code)	
DAVID@ONOPA.COM			
E-mail address: (to be us	sed for future annual	report notifica	tion)
For further information concerning this matter, plea	ase call:		
DAVID BERMUDEZ		407 at	323-2214
(Name of Contact Pers		(Area Cod	e) (Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florid	la Department	of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	& \$\subseteq\$	Ce oy is Ce (A	2.50 Filing Fee crtificate of Status crtificate Of Status crtified Copy dditional Copy is nclosed)
Mailing Address Amendment Section		Street Addre	
Amendment Section		Division of Co	

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as cu	urrently filed with the Florida Dept. of State)
TECODE, INC.	KU4000008097
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:
	The new
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) <u> </u>
	TO THE TO THE TOTAL PROPERTY OF THE PROPERTY O
D. If amending the registered agent and/or registere	d office address in Florida, enter the name of the
new registered agent and/or the new registered of	d office address in Florida, enter the name of the ffice address:
Name of New Registered Agent:	<u> </u>
	(Florida street address)
<u>New Registered Office Address:</u>	
	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	
	Signature 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 X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		MEYER, JOSEPH A, JR	541 N PALMETTO AVE
1) Change			SUITE 104
Add X Remove			SANFORD, FL 32771
2) Change			
Remove			
3) Change			
Remove			
4) Change Add			
Remove			
5) Change			
Remove			<u></u>
6) Change			
Add			
Remove		9 2.46.4	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
PLEASE REMOVE OFFICER MEYER, JOSEPH A JR				
				
	_			
	_			

	date of each amendment	((s) adoption:	, if other than the
late	this document was signed		
Effe	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Not loc	te: If the date inserted in the ument's effective date on t	his block does not meet the applicable statutory filing requirements, this date will not be he Department of State's records.	e listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) pproval.	
	There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	AUG Dated	UST 13, 2018	
	Signature		_
	(By the	e chairman of vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	R	DAVID BERMUDEZ	
	_	(Typed or printed name of person signing)	
	PC	CEO	
		(Title of person signing)	