P01000011187

(Re	questor's Name)		
(Ad	dress)		
——(Ad-	dress)		
(Cit	y/State/Zip/Phono	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			





400294984474

02/13/17--01032--009 **43.75



20) 2/15 C

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Nutech Inc					
DOCUMENT NUMBER: P010000 11187					
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this ma	tter to the following:			
_	Name of Contact Person Nech, Inc Firm/ Company				
	, -	Name of Contact Person			
- -	<u></u>	tech, Inc			
		Firm/ Company			
		O Box 210789	5		
		.f.B FL 3. City/ State and Zip Code	3421-0785		
Servidio O Nuter Staffing, Com Email address: (to be used for future annual report notication)					
For further information of	concerning this matter, pleas	se call:			
Toseph	Servidio	at () 284-2348 de & Daytime Telephone Number		
Name of	Contact Ferson	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for the	he following amount made	payable to the Florida Depa	rtment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.)5 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
<u>Mailin</u>	ig Address	Street .	Address		

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

οf

	Noteth, Inc		
(Name of Corporati	ion as currently filed with the Flor		
	P01000011187		
(Docur	ment Number of Corporation (if knov	vn)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this Florida Profit Corpo	ration adopts the following amendme	nt(s) t
A. If amending name, enter the new name of the co	orporation:		
		The new	
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A professional	"incorporated" or the abbreviation	!
B. Enter new principal office address, if applicable	e:	23/1	
(Principal office address MUST BE A STREET ADD		-1 -11	-11
		527 5	FE
C. Enter new mailing address, if applicable:		第二章	
(Mailing address MAY BE A POST OFFICE BO	<u></u>		?
		<u> </u>	3 2
D. If amending the registered agent and/or registerew registered agent and/or the new registered		the name of the	
Name of New Registered Agent			
	(Florida street address)	·····	
New Registered Office Address:		, Florida	
Hen negmered Office Address.	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		oligations of the position.	
Sign	nature of New Registered Agent, if ch	anging	

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	<u>PT</u> <u>Joh</u>	n Doe		
X Remove	<u>V</u> <u>Mik</u>	<u>ce Jones</u>		
X Add	<u>SV</u> <u>Satt</u>	y Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address 6100 Blue Lagoon Dr.
1) Change	CEO	Francisco (Ortiz	Ste 430 Miami, FL 33126
Add Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

C. If amending or (Attach additional	adding additional Art il sheets, if necessary).	icles, enter change(s) l (Be specific)	<u>here</u> :		
		NIA			
					-
				-	
		-			
					
·					
provisions for	nt provides for an exclimplementing the amolicable, indicate N/A)	hange, reclassification endment if not contain	or cancellation of is ed in the amendmen	sued shares, t itself:	
		NA			
					_
	·				
			-		

The date of each amendment(s) adoption:	a	7/17	, if other than the
date this document was signed.			
Effective date if applicable:	2/	7/17	amendment file date)
	(no more than!)	90 d a ys after a	amendment file date)
Note: If the date inserted in this block does n document's effective date on the Department of	ot meet the appli State's records.	cable statutor	y filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)		
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. Th	e number of ve	rotes cast for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	e shareholders thr group entitled to	ough voting gi vote separate	croups. The following statement ely on the amendment(s):
"The number of votes cast for the amer	ndment(s) was/we	re sufficient fo	or approval
by			,"
(voi	ing group)		
The amendment(s) was/were adopted by the action was not required.	board of directors	without share	cholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators with	hout sharehold	der action and shareholder
Dated	2/7/17	<u>-</u>	
Signature	Shi		CFO
(By a director, pres	ident or other offi	cer – if directo	ors or officers have not been
selected by an inco- appointed fiduciary	orporator – if in the by that fiduciary	e hands of a re)	receiver, trustee, or other court
-	To sooh	Servidi	, 0
	Typed or printed	name of perso	on signing)
	(FO	
	(Title	of person sign	ning)