P01000094807

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE

C. LEWIS

APR 22 2014

EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Engi-Tech Consulting Inc DOCUMENT NUMBER: P01000094807
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hossein Dayı
Engi-Tech Consulting Inc Firm/Company 730 South Endeavour Dr
Winter Spgs F1 32708 City/State and Zip Code
hdayi e gate. net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maria M Dayi at 407, 620-6698
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



Articles of Amendment

Articles of Incorporation

14 APR 14 AM 8:38

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Frai-Tech	Consulting Inc	TALLAHASSEE, FLORIDA
(Name of Corporation as co	urrently filed with the Florida Dept. of State)	
	01000094807	
(Document)	Number of Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Statutes, this <i>Florida Profit Corpora</i>	ution adopts the following amendment(s) to
A. If amending name, enter the new nam	e of the corporation:	
		The new
	in the word "corporation," "company," or "i ion "Corp," "Inc," or "Co" A professional o on," or the abbreviation "P.A."	

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) _, Florida_ New Registered Office Address:

(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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	PT John l	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One) 1) Change	Title	Maria M Dayi	Address 730 S Endeavour D Winter Spgs F1
Add Remove			32708 ·
2) Change			
Remove 3) Change			
Add			
4) Change			
Remove			
5) Change			
Remove			
6) Change			
Remove			

mending or adding additional Artiach additional sheets, if necessary).	(Be specific)	
		
· · · · · · · · · · · · · · · · · · ·		
n amendment provides for an exch	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

APPROVED AND FILED

The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date)	_, if other than the
Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s)	
by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature How Octy	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	_
(Title of person signing)	