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PICK-UP WAIT MAIL		
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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: HEPPOIN		rical corp		
DOCUMENT NUMBER: PO 20006	0799			
The enclosed Articles of Amendment and fee are suf	omitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
Javier Vin	ς			
11 0 : 1 0	Name of Contact Person	-O		
Hypoint Mec	Firm/ Company			
1	DR PC			
S. G. S. J. S. J.	Address			
Plunta gorda	FL 3395	<u> </u>		
70	City/ State and Zip Code	e		
E-mail address: to be used for future annual report notification)				
For further information concerning this matter, please call:				
JavierVina	at (941	1639 8223		
Name of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee  \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Address		
Amendment Section		Iment Section		
Division of Corporations P.O. Box 6327		on of Corporations  Building		
Tallahassee, FL 32314		Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Hypoint Mechanica	1 COCP.				
~ ~ .	n as currently filed with the Florid	la Dept. of State)			
10000060799	ent Number of Corporation (if know				
(Docume	ent Number of Corporation (if Knowl	n)			
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corpora	ation adopts the fol	lowing amo	endmer	nt(s) to
A. If amending name, enter the new name of the cor	poration:				
				new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	" "Inc," or "Co". A professional of				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI					
		<del></del>	٠٦	20	
		<del></del>	- 11 · · · · · · · · · · · · · · · · · ·	<del>5</del>	angre
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	n			. NO	3 8
(g	<u></u>		بد .	Ţ.	1
		<u> </u>	<del></del>	=	1
			- 1 - 1	<del>=</del>	ii
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		the name of the	<u> </u>	<b>5</b> 4	
Name of New Registered Agent	·····				
			<del></del>		
	(Florida street address)				
New Registered Office Address:	(Cir.)	, Florida	Tim Codal		
	(Ciry)		(Zip Code)		
New Registered Agent's Signature, if changing Regis	stered Agent:				
I hereby accept the appointment as registered agent. I		ligations of the pos	ition.		

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.

X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	VP Drge Gomez	DUSI ODESEA Lane Punta gorda (C33983
Add		Muntagorac FC33983
X Remove		
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change	<del></del>	
Add		
Remove		
6) Change		
Add		
Remove		

f amending or adding additional Arti Mach additional sheets, if necessary).	(Be specific)
<del></del>	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y nor appricable, material (mi)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	1
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ 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.	
Dated 1119	
Signature	
(By a director, president or other officer – if directors or officers have not been	<del></del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Sovier Viac	
(Typed or printed name of person signing)	
Tresident/owner	
(Title of person signing)	