## P03000034213

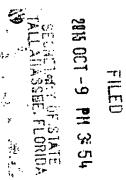
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations Miami Beach IT Solutions, Inc. NAME OF CORPORATION: P03000034213 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Douglas M Payne Name of Contact Person Firm/ Company 1030 9TH Street # 603 Address Miami Beach FL 33139 City/ State and Zip Code douglas@mytekguy.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Douglas M. Payne 443-6315 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 □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Miami Beach IT Solutions, Inc	FILED
(Name of Corporation as	s currently filed with the Florida Dept. of State)
P03000034213	2815 OCT -9 PH 3 54
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	Number of Corporation (if known) SECHET HITE UF STATE JAHASSEE. FLORIDA tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor Miami IT Solutions, Inc	ration: The new
	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the
D - D - (	n/a
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.	
n/a Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	red Agent:
I hereby accept the appointment as registered agent. I am	
Signature	e 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	<u>PT</u>	John D	doe_	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally S	mith_	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add	\ <u> </u>			
Remove				
3) Change		_		
Add			•	,
Remove				
4) Change				
Add		_		
Remove				
5) Ct				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here:				
(Attach additional sheets, if necessary).	(Be specific)			
not applicable	•			
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F. It an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:			
(if not applicable, indicate N/A)	indicate it not contained in the amendment user.			
not applicable	•			
not appreasie				
	<del> </del>			

, · · ·	not applicable	
The date of each amendment(s) adoption	n:	, if other than the
date this document was signed.		
Effective date if applicable:		
· -	(no more than 90 days after a	mendment file date)
<b>Note:</b> If the date inserted in this block of document's effective date on the Department	loes not meet the applicable statutoryent of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of vot for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each v	by the shareholders through voting grooting group entitled to vote separate.	coups. The following statement by on the amendment(s):
"The number of votes cast for the	amendment(s) was/were sufficient for	or approval
by	(voting group)	,,,
	(voting group)	
☐ The amendment(s) was/were adopted b action was not required.	y the board of directors without share	holder action and shareholder
The amendment(s) was/were adopted b action was not required.	y the incorporators without sharehold	er action and shareholder
Dated Oct. 4	1th, 2015	
	rugles M. S	ayre
(By aldirector,	president or other officer – if directon incorporator – if in the hands of a re	rs or afficers have not been
	iciary by that fiduciary)	cerver, trustee, or other court
	Typed or printed name of perso	aune
_	(1 yped of printed name of perso	n argining <i>)</i>
	resident	
	(Title of person sign	ing)