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COVER LETTER

TO:	Amendment Section
	Division of Corporations

NAME OF CORPOR	LATION: Advanc	ed Hurric	ane Technology
DOCUMENT NUMB	er: <u>P0300</u>	0007287	<u> </u>
The enclosed Articles of	of Amendment and fee are st	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
· .	Jau	Me Zabala Name of Contact Perso	n
	Advanced LOV-3 box	Hurricane Firm/ Company	Technology Inc
-	acos sune	Address	
-	Naples, FL	34109 City/ State and Zip Cod	<u> </u>
	Zabalaa E-mail address: (to be de	AOL . COY	notification)
For further information	concerning this matter, pleas	se call:	
Jaime Name o	Zabala fContact Person	at (239 Area Co	825 - 8559 de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mail	ing 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

Artic	cles of Incorporation of
Advanced Hurrican	
	s currently filed with the Florida Dept. of State)
P03000	072876
(Document)	Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Stat Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s)
If amending name, enter the new name of the corpor	ration:
ame must be distinguishable and contain the word "co Corp.," "Inc.," or Co.," or the designation "Corp," "In ord "chartered," "professional association," or the abbro	The new corporation," "company," or "incorporated" or the abbreviation (nc." or "Co". A professional corporation name must contain the reviation "P.A."
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19 MOV
<u> </u>	
If amending the registered agent and/or registered of new registered agent and/or the new registered office	ffice address in Florida, enter the name of the
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	, Florida

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

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 = Chaf Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer 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 PTJohn Doe X Remove \underline{V} Mike Jones \underline{X} Add SVSally Smith Type of Action <u>Title</u> Name | Address (Check One) ime Zabala 1) ____ Change Remove Fernanda Zabala 6063 _ Remove 3) ____ Change ___ Add _ Remove 4) Change __ Add Remove 5) ____ Change __ Add Remove 6) ____ Change Add

Remove

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)			
Comment of the processing.	(De specific)	_	/	
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If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	***	Ċī	
provisions for implementing the ame	indment if not contained in the amendment itself:		PH	· · ·
(if not applicable, indicate N/A)		٠.	No	٠
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The date of each amendment(s) adoption: NOV I 2019 date this document was signed.	_, if other than t
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 will document's effective date on the Department of State's records.	not be listed as t
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	
(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.	19 140)
Dated	115 PH
Signature alimi-faloo/a	FH 2:
(By a director, president or other officer – if directors or officers have not been	– '.Υ - ယ
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	ਰੰ
appointed fiduciary by that fiduciary)	Ţ
Jame Zabala (Typed or printed name of person signing)	
(Typed of printed name of person signing)	1
Director owner	
(Title of person signing)	1