P05000010639

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CONFORMATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Anund 12/08

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Technical Concepts International, Corp
DOCUMENT NUMBER: P050000 10639
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Aneiros & Accountants lo (Firm/Company)
85 Grand Canal Drive Suite 406 (Address)
Miani, FZ 33144 (City/ State and Zip Code)
For further information concerning this matter, please call:
Tdami 9 Anervus at (786) 275-0044 (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 \$\ \text{Certificate of Status} \text{Status} \text{S43.75 Filing Fee & Certificate of Status} \text{Certified Copy (Additional copy is enclosed)} \text{Certified Copy (Additional Copy is enclosed)} \text{Certified Copy is enclosed)}
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

OBOTE ON MILES

Name of Corporation as currently filed with the Florida Dept. of State)

POSDDOD 1063 9

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A.	If amending name.	enter the new n	name of the corporation:

The new name must be distinguishable a "incorporated" or the abbreviation "Corp.," "Co". A professional corporation nam association," or the abbreviation "P.A."	"Inc.," or Co.,	" or the designation	on "Corp," "Inc," or
B. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		15011 S Miami,	W 149 St FZ 33196
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI			
D. If amending the registered agent and/or new registered agent and/or the new regi			, enter the name of the
New Registered Office Address:	(Florid	da street address)	, Florida
		(City)	(Zip Code)

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
1	Erilca B Avelar Tomas	19011 Sw 149 St Migmi, 12 33196	Add Remove
VP.	Olga M. Sanchez	15011 Sw 149 St Migni, FL: 33196	Add Remove
			Add Remove
	ng or adding additional Articles, enter c itional sheets, if necessary). (Be specific		
provision	endment provides for an exchange, reclass for implementing the amendment if no applicable, indicate N/A)		

The date of each amendment	(s) adoption: 11/28/08
Effective date if applicable:	1
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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)
	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	11/28/08 January
Signature	X / ···
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Tose M. AVE/AR (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PRÉSI DENT
	(Title of person signing)