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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Rotek, Inc.			
	P05000119982			
DOCUMENT NUMBER:				
The enclosed Articles of Am	nendment and fee are subm	nitted for filing.		
Please return all corresponde	ence concerning this matter	to the following.		
Eric L. Rowe				
	((Name of Contact P	erson)	
Rotek, Inc.				
	"	(Firm/ Compan	y)	
29800 SW 172nd Ave.				
		(Address)		
Homestead, FL 33030				
	((City/ State and Zip	Code)	
Erowe145@aol.com				
E	-mail address: (to be used	for future annual re	port notification	1)
For further information conc	erning this matter, please o	call:		
Eric L. Rowe		at	305	992-0146
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & 【 Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	O Filing Fee feate of Status fed Copy tional Copy is osed)
Mailing A	Address	St	reet 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 Articles of Incorporation of

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(Name of Corporation as curren	tly filed with the Florida		
Rotek, Inc Document Number: P05000119982		MAHAMASSIL, PLUMAA	
(Document Numb	er of Corporation (if know	/n)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Pr</i>	rofit Corporation adopts the following	
A. If amending name, enter the new name of the corporati	on:		
		The new	
name must be distinguishable and contain the word "corporat	ion" or "incorporated" o	r the abbreviation "Corp." or "Inc."	
"Company" or "Co." may not be used in the name.	29800 SW 172nd Ave		
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)			
,	Homestead, FL 33030		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	29800 SW 172nd Ave.		
(Homestead, FL 33030		
	 		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		er the name of the	
	V/A		
New Registered Office Address:	(Florid	a street address)	
new register ou office retainess.			
	(City)	, Florida (Zip Code)	
	(City)	(Zip Coul)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai		obligations of the position.	
	N/A		
	ignature of New Registere	d 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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove		N/A	
2) Change Add		NIA	
Remove 3) Change Add		NJA	
Remove 4) Change Add	<u>.</u>	NIA	
Remove 5) Change Add		_ N /A	
Remove 6) Change Add		N/A	
Remove			

attach additional sheets, if necessary).	(Be specific)				
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The	date of each amendment(s) ad	loption:	, if other than th
date	this document was signed		
Effe	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this blo ument's effective date on the De	ck does not meet the applicable statutory filing requirements, this date with partment of State's records.	ll not be listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s)
	There are no members or members adopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were pers.	
	Dated 6-16-2015		
	Signature	man or vice chairman of the board, president or other officer-if directors	
	have not bee	en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	Eric L. R	lowe	
		(Typed or printed name of person signing)	
	Presiden	ı.	
		(Title of person signing)	