P06000/27/33

(Requestor's Name)	_
(Address)	_
(Address)	_
,	
(City/Chats/Tip/Dhana 4)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦
Special instructions to Fining Officer.	
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SECRETARY OF STATE
SECRETARY OF STATE



July 15, 2009

OSCAR JIMENEZ III TEKMEK CORP 1742 SW HILOLA LANE PORT ST LUCIE, FL 34953

SUBJECT: TEKMEK CORP Ref. Number: P06000127133

We have received your document for TEKMEK CORP and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P06000127133 - TEKMEK CORP.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 509A00024231

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION:	tekmek corp	
DOCUMENT NUM	BER:		
The enclosed Articles	of Amendment and fee	e are submitted for filing.	
Please return all corre	spondence concerning th	this matter to the following:	
******		Oscar Jimenez III	
	,	Name of Contact Person	
		tekmek corp	
		Firm/ Company	
_		1742 sw hilola lane	
		Address	
		port saint lucie	
		City/ State and Zip Code	
	OSCA E-mail address: (to be us	arjthree@aol.com used for future annual report notification)	
For further information	on concerning this matter	er, please call:	
Osca	ar Jimenez III	at (772) 807 0181	
Name of	Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	or the following amount	made payable to the Florida Department of State:	
\$35 Filing Fee	✓ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy	tus
Mailing Addr Amendment S Division of Co P.O. Box 6327	ection orporations 7	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	
Tallahassee, FL 32314		2001 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

to

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At ticles of file	or por action		LEU
of .		09 JUL 23	PH 3: 37
TEKMEK CORP		SECOPTA	111 3:34
TEKMEK CORP (Name of Corporation as currently filed with the	the Florida Dept. of Sta	LALLAHASSE	OF STATE
			CORIDA
(Document Number of Corporati	on (if known)	···	
ursuant to the provisions of section 607.1006, Florida Statut mendment(s) to its Articles of Incorporation:	es, this <i>Florida Profit</i> (Corporation ad	lopts the follo
. If amending name, enter the new name of the corporation	<u>n:</u>		
MEKTEK MECHANICAL COR	PORATION		The new
ame must be distinguishable and contain the word "corp bbreviation "Corp.," "Inc.," or Co.," or the designation "Co ame must contain the word "chartered," "professional associo	orp," "Inc," or "Co". A	A professional	
. Enter new principal office address, if applicable:	1742 SW HILOLA	LANE	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	PORT SAINT LUC		3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			-telefondo
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent:		er the name o	f the
New Registered Office Address: (Flori	da street address)	_	
		_, Florida	
(City)	(Zip	o Code)	
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fami	liar with and accept the		the position.
Signature of New	Registered Agent, if cha	nging	

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
			☐ Add ☐ Remove
			☐ Add ☐ Remove
	ding or adding additional Articles, en additional sheets, if necessary). (Be sp		
provisi	mendment provides for an exchange, ions for implementing the amendment not applicable, indicate N/A)		

The date of each amendment	(s) adoption: <u>7/18/09</u>
	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
•	(no more than 20 days after amenament 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)
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
7/21	/00
Dated_7/21	709
Signature_	
sele	a director, president or other officer – if directors or officers have not been exted, by an incorporator — if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Oscar Simener 11
	(Typed or printed name of person signing)
	Presidat
	(Title of person signing)