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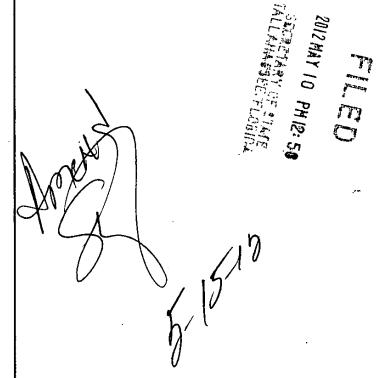
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ly/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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05/10/12--01021--026 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MEKTEK N	MECHANICAL C	ORPORATION
DOCUMENT NUM	BER: P0600012	1133	
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	OSCAR JIMENE	Z	
		Name of Contact Person	n .
	MEKTEK MECH	ANICAL CORPO	PRATION
		Firm/ Company	
	1742 SW HILOLA	A LANE	
•		Address	
••	PORT SAINT LU	CIE, FL 34953	
		City/ State and Zip Cod	e
OS	CARJ3@MEKTE	KCORP.COM	
		sed for future annual report	notification)
	·	•	,
For further information	n concerning this matter, pleas	se call:	
OSCAR JIM	ENEZ	at (850	, 454-4192
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ma	iling Address	Street	Address
	endment Section	Amendment Section	
	ision of Corporations . Box 6327	Division of Corporations Clifton Building	
	ahassee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

	to Articles of Incorporation	on		
MeKte	K machar	rical Col	porati	n
(Name of Corporation as current	lly filed with the Florida De	ept. of State)	1	
ψ	66000127	1133		
(Document Numbe	er of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida F</i>	Profit Corporation adop	ts following	amendment(s) to
A. If amending name, enter the new name of th	ne corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co". A			breviation
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A		-		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE				
D. If amending the registered agent and/or received new registered agent and/or the new registered		orida, enter the name	of the	
Name of New Registered Agent				
	(Florida street addres.	s)		
New Registered Office Adaress:	(Cit.)	, Florida	(T) . (C- 1.)	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing	Registered Agent:	and the although	Paka ana salah	
I hereby accept the cointment as registered age.	ni. I am jamiliar with and o	accept the obligations o	j the position.	
Signature a	of New Registered Agent, if c	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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	v	OSCAR JIMENEZ SR	1742 SW HILOLA LANE PORT SAINT LUCIE, FL 34953
2) Change Add Remove		_	
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			· · · · · · · · · · · · · · · · · · ·
6) Change Add Remove			

If amending or adding additional Artication attach additional sheets, if necessary).	(Be specific)
 	
	/
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	·
/	

The date of each amendment(s) adop	tion: <u>5-7-12</u>
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.
	red by the shareholders through voting groups. The following statement ch 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/were adopte action was not required.	d by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder
_{Dated} 5-07-201	12
Signature	
selected, b	tor, president or other officer – if directors or officers have not been an incorporator — if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
0	SCAR JIMENEZ
	(Typed or printed name of person signing)
<u>P</u>	RESIDENT
	(Title of person signing)