## PO7000060201

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

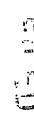
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: 101 INFO TECH,	INC.	
	1BER: P07000060201		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	DAVID LESCHANDER		
		Name of Contact Person	1
	101 INFO TECH, INC.		
	-	Firm/ Company	
	3366 SE East Snow Road		
		Address	
	PORT ST LUCIE, FL 34984		
	<del></del>	City/ State and Zip Code	2
	davidl@101infotech.com		
	•	sed for future annual report	notification)
For further informat DAVID LESCHAN	ion concerning this matter, pleas	se call:at (772	_) <sup>600-1101</sup>
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment

to
Articles of Incorporation

101 INFO	TECH INC.
	v filed with the Florida Dept. of State)
2010	0000000
(Document Number of	Corporation (if known)
· ·	•
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
The internating name, energy the new name of the corporation.	
name must be distinguishable and contain the word "corporation," "c	The new rompany," or "incorporated" or the abbreviation "Corp"
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
cnarterea, projessional association, or the appreviation P.A.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
The party of the date of the state of the st	
C. Enter new mailing address, if applicable:	2
(Mailing address MAY BE A POST OFFICE BOX)	20 PH 17
	·
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	and the same
	eer auuress)
New Registered Office Address:	(City) , Florida (Zip Code)
· ·	Vin early
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
The co, decept the appointment as registered agent. I am juminar to	an and accept the obligations of the position.
Signature of New Re	egistered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PVPST	JOHNNY ABREU	4274 SE GRAHAM DR
Add			STUART, FL 34997
XRemove			······
2) Change	PVPTS	DAVID LESCHANDER	3366 SE EAST SNOW RD
x Add			PORT ST LUCIE, FL 34984
Remove 3) Change			
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issue rovisions for implementing the amendment if not contained in the amendment its (if not applicable, indicate N/A)	
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rovisions for implementing the amendment if not contained in the amendment its (if not applicable, indicate N/A)	d shares,
(if not applicable, indicate N/A)	<u>self:</u>

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,	July 9th, 2021	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes east for the amendme sufficient for approval.	nt(s)
	oproved by the shareholders through voting groups. The following stator each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by		
• =	(voting group)	
Dated_ 7/9	12021 1-1.112	
select	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other c nted fiduciary by that fiduciary)	
	DAVID LESCHANDER	
	(Typed or printed name of person signing)	-
	PRESIDENT	
	(Title of person signing)	