P07000106763

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: Tri County Technical Services Inc DOCUMENT NUMBER: P07000106763		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Adam D'Alena Name of Contact Person Tri County Technical Services Inc Firm/Company 640 East Ocean Aue Suite #8 Address Boynton Beach Flurida 33435 City/State and Zip Code Info C + c + s i N c . com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Adam DAI esta at (561-) 779-1097 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 Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

Tack and Sacrificas Ti

Tri County Technic	CAI Services INC
(Name of Corporation as currently filed with the F	
<u>P07</u>	000106763
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this 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 new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	640 EAST OCEAN AVE Suite #8
	Boynton Beach F1 33435
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	640 EAST OCEAN AVE
	Boynton Beach F1 33435
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address	
Name of New Registered Agent Adam Do 640 East (Florida str	OCEAN AVE SUITE # 8 eet address)
New Registered Office Address: BOYNTON BEAG (City)	h , Florida 33435 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar to	i with and accept the obligations of the position.
Signature of New Registered A	Agent, if changing
	- 1

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	<u>PT</u>	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) X Change	P	Adam D'AleNA	640 EAST OCEAN AVE	
Add			suite #8	
Remove			BOUNTON BEACH FI 33435	
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 Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
··· •·· · · · · · · · · · · · · · · · ·	
	NH
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
	N'

The date of each amendment(s) adoption:	7-1-12
Effective date <u>if applicable</u> :	7-1-12
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient for	the shareholders. The number of votes cast for the amendment(s) or approval.
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):
•	mendment(s) was/were sufficient for approval
by((voting group)
action was not required.	the board of directors without shareholder action and shareholder the incorporators without shareholder action and shareholder
Dated	7-12
selected, by an i	resident or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)
	Adam DAleNA
	(Typed or printed name of person signing)
	President
	(Title of person signing)