## 107000120473

| (Re                     | questor's Name)   |             |
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| (Ad                     | dress)            |             |
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| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | TIAW              | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| · (Do                   | cument Number)    |             |
| Certified Copies        | Certificates      | s of Status |
| Special Instructions to | Filing Officer:   |             |
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Office Use Only



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Amend

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T. Reberts APR 0 7:2008)

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| e submitted for filing.                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| matter to the following:                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Contact Person)                                                                                    | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| n/ Company)                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 12                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Address)                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| te and Zip Code)                                                                                   | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| lease call:                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| at (561) 779 0160  (Area Code & Daytime Telephone Number)                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (Alea Code & Dayunk                                                                                | Telephone (value)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)                                 | □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C | ircle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                    | matter to the following:  Contact Person)  Company)  Company)  Company)  Company)  Lack discount of the following:  Address)  Company)  Lack discount of the following:  Lack discount of the following:  Company)  Lack discount of the following:  Lack discount |

## Articles of Amendment to Articles of Incorporation of

Techno Gurus, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

[Philip | 8

[P

(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

## **NEW CORPORATE NAME (if changing):**

| (continued)                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| N/A                                                                                                                                                                                                                                      |
| If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A                          |
| (Attach additional pages if necessary)                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                          |
| West Palm Beach, FL 33411                                                                                                                                                                                                                |
| John Reimer at 9857 Baywinds Drive #9112                                                                                                                                                                                                 |
| Amending the Secretary to:                                                                                                                                                                                                               |
| West Palm Beach, FL 33411                                                                                                                                                                                                                |
| Beatriz Damonte Reimer at 9857 Baywinds Drive #9112                                                                                                                                                                                      |
| Amending the President to:                                                                                                                                                                                                               |
| Officer/Director Name and Address change:                                                                                                                                                                                                |
| <u>AMENDMENTS ADOPTED-</u> (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: ( <u>BE SPECIFIC</u> )                                                                           |
| (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") |
|                                                                                                                                                                                                                                          |

| March 1 2008                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The date of each amendment(s) adoption: March 1, 2008                                                                                                                                                                                                                                         |
| Effective date if applicable:                                                                                                                                                                                                                                                                 |
| (no more than 90 days after amendment file date)                                                                                                                                                                                                                                              |
| Adoption of Amendment(s) (CHECK ONE)                                                                                                                                                                                                                                                          |
| The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.                                                                                                                                   |
| The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.                                                                                                                                                               |
| The amendment(s) was/were adopted by the incorporators without shareholder action an shareholder action was not required.                                                                                                                                                                     |
| Signature  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  Beatrix bamonte Rumer  (Typed or printed name of person signing) |
| (Typed or printed name of person signing)                                                                                                                                                                                                                                                     |
| Beatriz Damonte Reimer-President                                                                                                                                                                                                                                                              |
| (Title of person signing)                                                                                                                                                                                                                                                                     |

**FILING FEE: \$35**