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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Cybertech Solutions Group Inc
DOCUMENT NUMBER:	·
The enclosed Articles of Amendment and fee ar	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
<u> </u>	Luis R. Pena
Na 	ame of Contact Person
O. hada	sah Cakutiana Craya Ina
Сурепе	ech Solutions Group Inc Firm/ Company
	Tittle Company
234	E Riverbend Drive
	Address
Su	unrise, FL 33326
Cit	ity/ State and Zip Code
Irpena	a@cybrtch.com
E-mail address: (to be used	d for future annual report notification)
For further information concerning this matter,	please call:
Luis R. Pena	at (954) 349-4370
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	nade payable to the Florida Department of State:
✓ \$35 Filing Fee S43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certificate of Status 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

(Name of Corporation as currently filed w	vith the Florida Dept. of State)
	•
(Document Number of Corp	ooration (if known)
he provisions of section 607.1006, Florida S	Statutes, this Florida Profit Corporate
) to its Articles of Incorporation:	,

A. If amending name, enter the new name of	f the corporation:
	ybrtch Corp.
abbreviation "Corp.," "Inc.," or Co.," or the	the word "corporation," "company," or "incorporated" or the edesignation "Corp," "Inc," or "Co". A professional corporation of the abbreviation "P.A."
B. Enter new principal office address, if app (Principal office address MUST BE A STREE	
<u></u>	
	•
•	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)	
. w	
D. If a war directly a variety and a gent and/ou v	registered office address in Florida, enter the name of the
new registered agent and/or the new regis	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street âddress)
	Florida
	(City) - (Zip Code)
	ng Registered Agent:

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Title Name -Address Type of Action ☐ Add ☐ Remove □ Add □ Remove □. Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an 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)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

	· -	.(date of adop	tion in von	uirad			
Effective date if applicable:		tame of adop	ition is requ	ureaj	•		
	· (no more than 9	90 days after am	endment fi	le date)	1		
•					•		
Adoption of Amendment(s)	(CF	IECK ONE)	•				
The amendment(s) was/we by the shareholders was/w			The numbe	r of vote	es cast fo	or the an	nendment
The amendment(s) was/we must be separately provide	ere approved by the	ne shareholders (group entitled (hrough voi o vote sepc	ing groi arately o	ups. The an	e followi nendmei	ing staten rt(s):
"The number of votes	cast for the amen	idment(s) was/w	ere sufficie	nt for a	proval		•
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by	(voting group)			",-			
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The amendment(s) was/we	ere adopted by the	board of directo	ors without	shareho	lder act	ion and	sharchold
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