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AMMA M. 11,14

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ADVANTECH PRO CORP. DOCUMENT NUMBER: P0900004378 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOSE L MARTINEZ Name of Contact Person ADVANTECH PRO CORP. Firm/ Company 540 NW 165TH ST RD SUITE 307 Address MIAMI, FL 33169 City/ State and Zip Code ACC.ALBER@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 323-4773

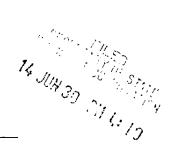
Area Code & Daytime Telephone Number JOSE L MARTINEZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



ADVANTECH PRO CORP.

ADVANTECTT NO COL			·····
· 	s currently filed with the Fl	orida Dept. of State)	
P09000004378			
(Docume	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
	nation "Corp," "Inc," or "C	n." "company," or "incorporated" or Co". A professional corporation name	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		540 NW 165TH ST RD)
		SUITE 307	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 33169	
		540 NW 165TH ST RD	l
(<u> </u>	SUITE 307	
		MIAMI, FL 33169	
D. If amending the registered agent ar			
new registered agent and/or the new registered office address: Name of New Registered Agent MARTINEZ, JOSE L			
trante of trew registered figure	540 NW 165TH S	ST RD SUITE 307	
	(Florida stre		
New Registered Office Address:	MIAMI	, Florida 33169	
Hen Registered Office Haweis.	(City)	(Zip Coo	le)
	,		
N 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
New Registered Agent's Signature, if c I hereby accept the appointment as regist			tion.
-	K /	-\/	
Si	gnature of New Registered A	gent, if changing	
·	- 1/v U		

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 Jo	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	Illy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DPS	MARTINEZ, ODIN	7815 NW 114 PATH
Add			DORAL, FL 33178
Remove			
2) Change	<u>T</u>	SERRATE, CLAUDIA K	7815 NW 114 PATH
Add Add			DORAL, FL 33178
Remove			
3) Change	PS ——	MARTINEZ, JOSE L	540 NW 165TH ST RD
Add			SUITE 307
Remove			MIAMI, FL 33169
4) Change	 -		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
CHANGING PRINCIPAL ADDRESS, MAILING ADDRESS, REGISTERED AGENT
NAME AND ADDRESS, REMOVING DPS AND TREASURER. CHANGING POSITION
FOR DV TO PS FOR JOSE L MARTINEZ.
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) N/A

The date of each amendment	(s) adoption: 06/25/14	, if other than the
date this document was signed.		 ,
Effective date if applicable:	06/25/14	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated 06/2	5/2014	
(B	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	JOSE L MARTINEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	