## P09000021409

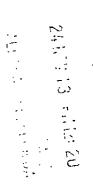
(Requestor's Name)				
(Address)				
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MATE SERIES, I	NC		
DOCUMENT NUME				
	of Amendment and fee are st	ibmitted for filing.		
Please return all corres	pondence concerning this ma	atter to the following:		
	MICHAEL BALTES			
,		Name of Contact Persor	1	
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company		
	1257 SW MARTIN HWY #1	1829		
	PALM CITY, FL 34991	Address		
		City/ State and Zip Code		
	mikebaltes@yahoo.com			
•	E-mail address: (to be u	sed for future annual report	notification)	
For further information	concerning this matter, plea	se call:		
MICHAEL BALTES		at ( 772	285-5416	
Name o	f Contact Person	at ( 772 ) 285-5416  Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State;	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

MATE SERIES, INC			
( <u>Name of Corporation as currer</u> P09000021409	itly filed with the Florida D	Dept. of State)	
	of Corporation (if known)		
	•		•
Pursuant to the provisions of section 607,1006, Florida Statutes, the stricles of Incorporation:	is Florida Profit Corporatio	n adopts the following	amendment(s)
. If amending name, enter the new name of the corporation:			
ALM CITY CNC & FABRICATION			The new
ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co", chartered." "professional association," or the abbreviation "P,.	A professional corporation	ed" or the abbreviation	n "Corp.,"
B. Enter new principal office address, if applicable:		,	21
Principal office address <u>MUST BE A STREET ADDRESS</u> )	SAME	. <del>.</del> .	
		3.7.4	
	<del></del>		<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7	
	N/A		2
			•
2. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address		name of the	
(Florida :	street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip C)	ode)
ew Registered Agent's Signature, if changing Registered Age	nt:		
hereby accept the appointment as registered agent. I am familia		tions of the position.	
Signature of New	Registered Agent, if changir	ายู	
	C Garan & analysis		
heck if applicable  The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	Hel FS		

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)

Example:

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

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones — / /	
X Add	$\underline{SV}$	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
i) Change			
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	g or adding addit itional sheets, if ne	ecessary). (i	Be specific)				
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. If an amen	dment provides fo	or an exchan	ge, reclassifica	ition, or cancella	ition of issued s	hares,	
provisions	for implementing	g the amendi	ment if not cou	tained in the an	nendment itself	<u></u>	
(if not	applicable, indica	ue N'A)				_	
(-)/1	Principle in the control of the cont						
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			-				
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•

	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the De	lock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amend flicient for approval.	dment(s)
	roved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendments.	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated		
Signature (By a di	rector, president or other officer – if directors or officers have not	been
selected appoint	l. by an incorporator – if in the hands of a receiver, trustee, or other diductary by that fiductary)	er court
	MICHAEL BALTES	
	(Typed or printed name of person signing)	
;	PRESIDENT	
•	(Title of person signing)	