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(Ad	ldress)			
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R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Tube Technology	Systems Inc			
DOCUMENT NUMI	BER: P09000025137				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	Oliver Huttner				
		Name of Contact Person	1		
	Management Tax Consulting Inc				
	Firm/ Company				
	4430 Orchid Blvd Ste 202				
	· · · · · · · · · · · · · · · · · · ·	Address			
	Cape Coral, FL 33904				
		City/ State and Zip Cod	e		
For further information	E-mail address: (to be us	sed for future annual report se call:	notification)		
Oliver Huttner		at (	645-4208		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 chassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

FILED

(N CC	15 AUG - 3 AM G. 16
(Name of Corporat	tion as currently filed with the Florida Dept. of State)
P09000025137	TALLAHASSEF FLAGIKA
(Docu	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floric is Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendmen
a. If amending name, enter the new name of the c	corporation:
Anders Prime Engineering Inc	The new
	ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the e abbreviation "P.A."
3. Enter new principal office address, if applicable Principal office address MUST BE A STREET AD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
	ered office address in Florida, enter the name of the
. If amending the registered agent and/or registened new registered agent and/or the new registered	
new registered agent and/or the new registered	d office address:
new registered agent and/or the new registered	
new registered agent and/or the new registered	d office address:

••	July 31, 2015	
The date of each amendment(s) date this document was signed.	adoption:	, if other than th
Au Effective date <u>if applicable</u> :	gust 15, 2015	
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this dat department of State's records.	e will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	)
	oproved by the shareholders through voting groups. The following statement are each voting group entitled to vote separately on the amendment(s):	nt
	et for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	г
☐ The amendment(s) was/were accation was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated/ Signature/	7-31-2015 údred bun	
(By <sup>v</sup> a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	Michael Lauer	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	