

PD9000049924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

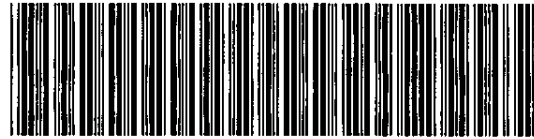
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200259110072

04/21/14--01014--016 **35.00

FILED

14 APR 21 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 25 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FULL X TECH CORP

DOCUMENT NUMBER: P09000049924

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA AZEREDO

Name of Contact Person

TAXES AND ACCOUNTING SOLUTIONS CORP

Firm/ Company

8249 NW 36TH ST STE 120-A

Address

DORAL FL 33166

City/ State and Zip Code

MAZEREDO@TASMIAMI.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA AZEREDO

Name of Contact Person

at (305) 418-1585

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

FILED

14 APR 21 PM 2: 50

FULL X TECH CORP

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

P09000049924

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5141 NW 79 AVE

UNIT 8C

DORAL FL 33166

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5141 NW 79 AVE

UNIT 8C

DORAL FL 33166

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

TAXES AND ACCOUNTING SOLUTIONS CORP

8249 NW 36TH ST STE 12-A

(Florida street address)

New Registered Office Address:

DORAL

(City)

, Florida

33166

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

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 John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>D</u>	<u>CRISTHIAN VILLAGOMEZ</u>	<u>4500 NW 114 AVE</u>
<input type="checkbox"/> Add			<u>2209</u>
<input checked="" type="checkbox"/> Remove			<u>MIAMI FL 33178</u>
2) <input type="checkbox"/> Change	<u>D</u>	<u>RUBEN PACHECO</u>	<u>5701 NW 112 AVE</u>
<input checked="" type="checkbox"/> Add			<u>107</u>
<input type="checkbox"/> Remove			<u>DORAL FL 33178</u>
3) <input type="checkbox"/> Change	<u>P</u>	<u>INES OJEDA</u>	<u>4500 NW 114 AVE</u>
<input type="checkbox"/> Add			<u>2209</u>
<input checked="" type="checkbox"/> Remove			<u>MIAMI FL 33178</u>
4) <input type="checkbox"/> Change	<u>P</u>	<u>INES OJEDA</u>	<u>9931 NW 10TH TERRACE</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI FL 33172</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

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: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted 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

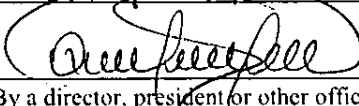
by _____."
(voting group)

☐ 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 and shareholder action was not required.

Dated 4/16/2014

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)

INES OJEDA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED
14 APR 21 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA