

(Requestor's Name)
(Address)
(Address)
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(Gity/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

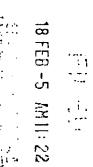
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12/12/17--01020--013 **35.00

R. WHITE FEB 0 6 2018





December 14, 2017

RONAN BERMUDEZ 4960 SW 95 AVE MIAMI, FL 33165

SUBJECT: MATRIX INSTALLATIONS CORP

Ref. Number: P1000000772

We have received your document for MATRIX INSTALLATIONS CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Ronald Bermudez is already the registered agent of this corporation. If you are trying to make changes to the officer/director-detail, please seethe enclosed information for making that type of change.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandon. 3.

If you have any questions con . .ing the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 017A00025300

COVER LETTER

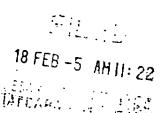
TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Hatrix	Installations corp.	
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are su	abmitted for filling.	
Please return all correspondence concerning this ma	atter to the following:	
Ronan Ber	Name of Contact Person	
1 1	Name of Contact Person	
Matrix In	Stallations company	
4960 SW 95	5 ave	
Miami F1	City/ State and Zip Code	
	City/ State and Zip Code	
E-mail address: (to be used) For further information concerning this matter, please	hons annual report notification)	
Oman Ramide L	305 , SOS-5474	
Name of Contact Person	at (305) SOS - SYTY 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 & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)	
Mailing Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, Fl. 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation



of

(Name of Corporation	n as currently filed with the Florida Dept. of State)
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida is Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
As If amending name, enter the new name of the co	rporation:
, —	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the c	l "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>	
C. / <u>Énter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BO.</u>	<u>Y</u>)
 If amending the registered agent and/or register new registered agent and/or the new registered 	ed office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
Van Darie van 1065 m. (11 mm)	Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent:
I hereby accept the appointment as registered agent.	l am familiar with and accept the obligations of the position.

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 <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	ST Jennifer Pagen	4960 SW 95 ave
Add	J	Miami fl 33165
Remove		
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
<u>.</u> .		
6) Change		<u> </u>
Add		
Remove		

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<u></u>	
	
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(5) 1111 1177 1111 1111 1111 1111 1111	
•	
<u></u>	
. <u> </u>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 10/30/17	
Effective date if applicable: 03017 (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	endment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The followin must be separately provided for each voting group entitled to vote separately on the amendment	ng statement nt(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and s action was not required.	shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.	holder
Dated	
Signature (By a compression of 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 (iduciary)	
Ronan Bermudez	
(Typed or printed name of person signing)	
Prosident Director	
(Title of person signing)	