P10000062629

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MISTERCERTIFI	ED COMPUTER SVCS IN	IC.
DOCUMENT NUMB	P10000062620		
The enclosed Articles o	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Esra Ceylani		
-	 	Name of Contact Person	n
	MisterCertified Computer Sv	es Inc.	
-		Firm/ Company	
	301 W. Platt St. suite 447		
-		Address	
	Гатра, FL 33606		
-		City/ State and Zip Cod	e
annula	ni@gmail.com	·	
	- -	sed for future annual report	notification)
	E-man address. (to be di	sed for future annual report	nouncation)
For further information	concerning this matter, pleas	se call:	
Esra Ceylani		at (⁸¹³	4167867
Name o	f Contact Person		de & 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	□\$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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MISTERCERTIFIED COMPUTER SVCS INC.

(<u>Name</u>	of Corporation as current	<u>y filed with the Florida D</u>	ept. of State)	
P1000062629				750
	(Document Number o	f Corporation (if known)	······································	
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation	n adopts the following amendme	nt(s) to
A. If amending name, enter the new m	ame of the corporation:			
			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or "	Co". A professional corp	prporated" or the abbreviation	
B. Enter new principal office address,	if applicable:			
(Principal office address MUST BE A S	TREET ADDRESS)			
				
C F				
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				
	<u> </u>			
 If amending the registered agent an new registered agent and/or the new 	id/or registered office add: w registered office address	ess in Florida, enter the i	name of the	
	Esra Ceylani	-		
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·		 	
	301 W. Platt St. suite 447			
	(Florida str	eet address)		
New Registered Office Address:	Tampa		, Florida 33606	
		(City)	(Zip Code)	
ew Registered Agent's Signature, if c	hanging Registered Agent			
hereby accept the appointment as regist	erea agent. Tam Jamittar v	ath and accept the obligat	ions of the position.	
	<u> </u>	a		
	746 C	MIST		
	Signature of New R	egistered Agent, if changin	ag .	

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	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	PST	Esra Ceylani	301 W. Platt St. Suite 447
X Add			Tampa, FL 33606
Remove			
2) Change	P	Serkan H. Ceylani	301 W. Platt St. Suite 447
Add			Tampa, FL 33606
X Remove			
) Change			
Add			
Remove			
Change			
Add			
Remove			
Change			
Add			
Remove			
_ Change			
_ Add	* .		
Remove			

ttach additional sheets, if necessary).	(Be specific)
 	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
orovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(if not approcaste, mateure (172)	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days	after amendment file date)
Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	tatutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	er of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vomust be separately provided for each voting group entitled to vote se	
"The number of votes cast for the amendment(s) was/were suffic	cient for approval
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without action was not required.	nt shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sha action was not required.	areholder action and shareholder
10/04/2018 Dated	
Signature Sysu Cu	Mr
(By a director, president or other officer – if selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	
Esra Ceylani	
(Typed or printed name o	f person signing)
President	
(Title of person	on signing)