D/1000/8392

(Requestor's	s Name)
(Address)	
(Address)	
(City/State/Z	ip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document	Number)
Certified Copies Ce	ertificates of Status
Special Instructions to Filing Of	ficer:

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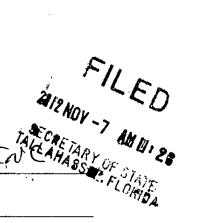
11. 2.18

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TECHNICIAN SUPPORTAND REPAIR TWC. DOCUMENT NUMBER: 8/10000/8392
NAME OF CORPORATION: / 2 CI(N C / NO SUNDO / NOS 164/1/C 20 C.
DOCUMENT NUMBER: 8 11 8000 1 83 7 2
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DELIA CARBAJAC
TECHNICIAN SUPPORT AND REPAIR INC
3145 TWISTED BAK LOOP
KISSIMMEE, FC: 34744
City/ State and Zip Code
DEL CARBAJ@AOL. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DECIA CARBAJAC 407, 963-8479
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certificate of Status (Additional copy is enclosed) \$35 Filing Fee Certificate of Status (Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



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

(Document Number of Cornoration (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:

	N/A			The
me must be distinguishable and contain th 'orp.," "Inc.," or Co.," or the designation	"Corp," "Inc," or "C	Co". A professio	or "incorpora nal corporatio	ted" or the abbrevi in name must contai
rd "chartered," "professional association,"	or the abbreviation "l	P.A. "	/ n	
Enter new principal office address, if appl	licable:	N/	71	
incipal office address <u>MUST BE A STREE</u>	<u>T ADDRESS</u>)	\mathcal{N}'	'A	
		41/	<u> </u>	<u> </u>
			pt	
Enter new mailing address, if applicable:		1/		
(Mailing address MAY BE A POST OFF		10 [7	
,		1) (1	4	
	•	41/4	<u> </u>	
			<u> </u>	
If amending the registered agent and/or r	egistered office addr	ess in Florida, er	iter the name	of the
new registered agent and/or the new regis				
Name of New Registered Agent	NA			
Hume of New Registered Agent	11/A			
	(Florida stre	at addused		/
	A I / A	et address)		A I/A
New Registered Office Address:	70 [7]		, Florida	70/1
	(City)			(Zip Code)
				•
w Registered Agent's Signature, if changing the second the appointment as registered a			e obligations o	f the position.
22) III 22pt the appointment to together out	ί / Λ			, ,
	31/ H			

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	Name	<u>Addres</u> s
(Check One) 1) Change		JORGE A. MALDONADO	2145 TWISTED OAK LOOP KISSIMMEE; FC;
Add Remove			34744
2) Change		,	
Add			
Remove			
3) Change			
Add			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)	
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	70/11	
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	lander of issued	uliana
an amendment provides for an exci	hange, reclassification, or cancellation of issued endment if not contained in the amendment itse	snares,
(if not applicable, indicate N/A)	•	· · ·
(if not applicable, material 1971)	N/A	
	N / l4	
		7.73

· ·		

The date of each amendment(s) ad	loption: 10/31//2
Effective date if applicable:	10/31/12
Enterior date it applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement 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)
	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	-31-12 12 (1) cf (
(By a d	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
•	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Precident.
	(Title of person signing)