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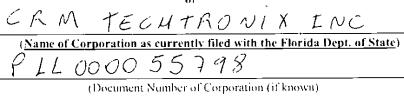
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COVER LETTER

•	COMPLETED	
	COVER LETTER	12.0
TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: $\frac{CRM}{PAAC}$	TECHTRONIX, INC 00055798	BIT ULL STATES
The enclosed Articles of Amendment and fee are		1. 5.
Please return all correspondence concerning this	matter to the following:	
CAR	LA R. SILVA	
	Name of Contact Person	
CRM	TECHTRIVIX TAIC	
	TECHTRONIX, INC.	
	POWERLINE ROAIS	
10MP/+ NO	BEACH, FL 33069 City/ State and Zip Code	
	City/ State and Zip Code	
CRMOC	RMTECHTRONIX, COM	
E-mail address: (to be	e used for future annual report notification)	
For further information concerning this matter, pl	lease call:	
CARLA R SILVA	at (954) 805-8925 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	_
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:	
☑ \$35 Filing Fee ☐ S43.75 Filing Fee & Certificate of Status		
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 Articles of Incorporation



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 col		
	N/A	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the a	" "Inc." or "Co". A professional corporation na	or the abbreviation one must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	office address:	_
Name of New Registered Agent	ARLA R SILVA	
1132	ARLA R. SILVA 5 POLVERLINE ROAD. (Florida street address)	
New Registered Office Address: Pom P	(Florida street adaress) ANO BEACH (City) (City)	a_33069 (Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.		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.

	e, ana sa	ny aman, ar ar ar ara.	
Example: X Change	<u> 61.</u>	John Doc	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	CARLA R. SILVA	1132 5 Powerline Road. Pompomo Black, FL 33069
Add			Pompomo Black, FL 33069
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_		
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)			
		.		
				<u>-</u>
f an amendment provides for an exc provisions for implementing the ame	nange, reclassification, indment if not contain	or cancellation of iss	<u>aed shares,</u> tself:	
(if not applicable, indicate N/A)				
				
	-			

The state of the s		01/01/2017	if other than the
The date of each amendment(s) ad late this document was signed.	option:	<u> </u>	if one man ne
Effective date <u>if applicable</u> :		06/06/2017	
	(no more tha	in 90 days after amendment file	date)
Note: If the date inserted in this b document's effective date on the De			ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were ado by the shareholders was/were su		The number of votes east for the	e amendment(s)
☐ The amendment(s) was/were app must be separately provided for			
"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 direct	tors without shareholder action.	and shareholder
☐ The amendment(s) was/were ado action was not required.			shareholder
Dated	06/06/20	17	
Signature	layla	* Nilva	
(By a di	rector, president or other c	officer – if directors or officers	have not been
	 by an incorporator – if in ed fiduciary by that fiducia 	n the hands of a receiver, trustee ary)	t, or other court
	CAR	LA R. SILV	/ A
	(Typed or print	ted name of person signing)	
	PA	ESIDENT	
	{Ti	tle of person signing)	