P12000012883

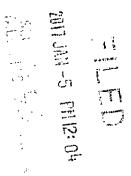
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





500293491365

01/05/17--01028--002 **35.00



Anund

JAN 0 6 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section

P.O. Box 6327

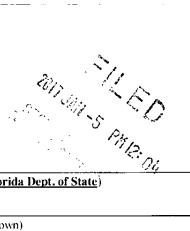
Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: best MaskS
Name of Contact Person 1090 Kane Concourse, Suite OBTNACKS & Me. COM
ail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filling Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



TEKKIES, INC

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P12-000012-8	883
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	S Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	1090 Kane (oncourse Suite 207
C. Enter new mailing address, if applicable:	Bay Harbor Islands FL 33154
(Mailing address MAY BE A POST OFFICE BOX)	1090 Kane concourse Suite 207
	Bay Harbor Islands FL 33154
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent 1/A	
•	(ONCOURSE, Suite 207
New Registered Office Address: Bay Harbor	151ands Florida 33154 (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
Signature of New	Registered Agent, if changing

If amending the Officer's 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 (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) L Change		Robert J. Marks	1090 Kane concourse
Add Remove			Bay Harbor Islands, FL 3315
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessar	Articles, enter char (Be specific)				
			-		
		·			
	•				
				·-	
			<u>-,</u>		
					
					_
f an amendment provides for an	exchange, reclassifi	ication, or cancell	ation of issued sh	ares,	
provisions for implementing the (if not applicable, indicate N/2	amendment it not c	<u>contained in the ai</u>	<u>nenament itsejt:</u>		
NA					
	•	· · · · · · · · · · · · · · · · · · ·			
	<u>-</u> .				
. <u>. </u>					
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

The date of each amendment(s) adoption: December 29, 200 . if other than the date this document was signed.
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 statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
☐ 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
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 12 29 20 0 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)
(Typed or printed name of person signing)
President (Title of person signing)