P/2000077649

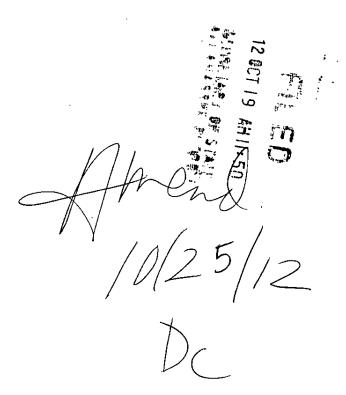
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Special Instructions to	Filing Officer:	
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TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: HI-TEC	CH SOLUTIONS IN	C		
DOCUMENT NUMBER: P120000	77649			
The enclosed Articles of Amendment and fe	ee are submitted for filing.			
Please return all correspondence concerning	this matter to the following:			
MICHAEL SA	ANTANA			
HI-TECH SC	Name of Contact Pers	on		
	Firm/ Company			
1080 INDUS	TRIAL BLVD.			
NAPLES, FL	Address - 34104			
#### # 1 · · · · · · · · · · · · · · · ·	City/ State and Zip Co	de		
MS@MODERNI	HOUSEINNOVATIO	NS.COM		
E-mail address:	(to be used for future annual repo	rt notification)		
For further information concerning this matt	er, please call:			
MICHAEL SANTANA	at (239	, 692-2467		
Name of Contact Person		ode & Daytime Telephone Number		
Enclosed is a check for the following amoun	nt made payable to the Florida De	partment of State:		
■ \$35 Filing Fee □\$43.75 Filing Certificate of \$		□\$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	Ame Divis Clifte 2661	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to **Articles of Incorporation**

HI-TECH SOLUTIONS INC.

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

nent(s) to

			4 2
(Document Num	ber of Corporation (if known)		
ursuant to the provisions of section 607.1006, Is Articles of Incorporation:	Florida Statutes, this <i>Florida I</i>	Profit Corporation add	pts the following ame
. If amending name, enter the new name of	the corporation:		
			The
name must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," of	"Corp," "Inc," or "Co". A	npany," or "incorpor professional corporat	ated" or the abbrevion name must conta
Enter new principal office address, if appl			
Principal office address <u>MUST BE A STREE</u> T	<u> ADDRESS </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>		
· · · · · · · · · · · · · · · · · · ·			
D. If amending the registered agent and/or re	ogistared office address in F	loride enter the name	e of the
new registered agent and/or the new regis		iorida, enter the name	e or the
Name of New Registered Agent		<u></u>	
	(Florida street addre	ss)	
		, Florida	
New Registered Office Address:	(City)		(Zip Code)

Signature of New Registered Agent, if changing

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 <math>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.

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)	Title	Name	Address
1) Change	VP	TOM PASSAFUIME	15142 SUMMIT PLACE CIR
Add			NAPLES, FL 34119
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amen	ding or adding	g additional Arti ts, if necessary).	(Ra spacific)	nge(s) here:			
(Attach a	iaanionai sneel	s, ij necessary).	(Be specific)				
							
·							
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						<u></u> .	
				•			
If an an	nendment prov	vides for an exch	nange, reclassif	ication, or can	cellation of iss	ued shares.	
provisi	ions for impler	menting the ame	ndment if not	ontained in th	ie amendment	itself:	
(if	not applicable,	, indicate N/A)			•		

The date of each amendment(s) a	doption: 9/12/2012
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adby the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement reach 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 ad action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated Oct	11/14
Signature	MLM
(By a c	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	MICHAEL SANTANA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)