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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: TEKNICORP, INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PEDRO P D'ELIA Name of Contact Person TEKNICORP, INC Firm/ Company 7950 NW 53RD STREET, SUITE 337 Address MIAMI, FL 33166 City/ State and Zip Code pedropdn@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PEDRO P D'ELIA Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □S43.75 Filing Fee & \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (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

PILED

TALLAHASSEE, FLORIDA

Articles of Amendment to Articles of Incorporation of

TEKNICORP, INC.		
(Name	of Corporation as currently	filed with the Florida Dept. of State)
P14000027117		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this F	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:	
		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or "C	" "company," or "incorporated" or the abbreviation of a professional corporation name must contain the P.A."
B. Enter new principal office address, (Principal office address MUST BE A S		
(Trincipal office unacess property of	THE TOWNS !	AND THE PERSON NAMED IN TH
C. Partin and made address if and	ta alalas	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	<u>OFFICE BOX</u>)	
D. If amending the registered agent an		ss in Florida, enter the name of the
new registered agent and/or the new	PEDRO P D'ELIA	
Name of New Registered Agent		
	7950 NW 53RD STREET	
	(Florida stree	et address)
New Registered Office Address:		Florida 33100 (Zip Code)
	11	izip Coder
New Registered Agent's Signature, if c	hanging Registered Agent:	
I hereby accept the appointment as regist	ered agem Lam familiar w. I	th and accept the obligations of the position,
	Jacob	
-	Signature of New Ke	gistered 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: F = Treasurcr; 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 munner. 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. Sully 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)	Title	Name	Address
1) Change	V	ARMANDO F TORREALBA	745 OAKLAND HILLS CIR
Add			APT 201
X Remove			LAKE MARY, FL 32746
2)Change	VP	INV. APPLYTECH DE VZLA, C.A.	C. CAURA TORRE HUMBOLDI
XAdd			P-9 OF.0909,PRADOS DEL ESTE
Remove			CARACAS, VENEZUELA 1080
3) Change			
Add			
Remove			
4) Change	<u></u>	***************************************	
AdJ			•
Remove			
5) Change			
Add			Name of the State
Remove			
6) Change			
Add			
Remove			

famending or adding additional Arti Attach additional sheets, if necessary),	(Be specific)
•	
f an amendment provides for an each	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate NA)	nament if not contained in the amendment itsea.

The date of each amendment(s) ad-	10/26/2015	, if other than the
date this document was signed.	7,000	If the that the
	72015	
Effective date <u>if applicable</u> :	ino more than 90 days after amendment file date;	
Note: If the date inserted in this blodocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date wi artment of State's records.	ill not be fisted as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved 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	or the amendment(s) was/were sufficient for approval	
by	;"	
<u> </u>	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	sted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoptaction was not required.	sted by the incorporators without shareholder action and shareholder	
10/26/2015 Dated		
Dated		
Signature	Lauro .	
	ector, president or other officer - if directors or officers have not been	
	by an incorporator —If in the hands of a receiver, trustee, or other court of fiduciary by that fiduciary)	
ı	PEDRO P D'ELIA	
-	(Typed or printed name of person signing)	
1	PRESIDENT	

(Title of person signing)