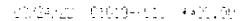
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## COVER LETTER ,

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

	ATION: O # A T		ms Inc
DOCUMENT NUMBI	er: <u>140000</u>	60110	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
-	ORLANd	MAYOLI Name of Contact Persor	
_	UXA Tech	Solutions Firm/Company	TVC
_			
_	Cape Con	Address  AL, FZ 3  City/ State and Zip Code	3993
	OPANDOSIME E-mail address: (to be us		
For further information	concerning this matter, pleas	se call:	
OFFRAG	Mayoli	at ( 23 9	785-8099 de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi	ng Address Idment Section Ion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to

Articles of Incorporation of

to

OF A TECH Solutions In	Ciled with the Florida Dent. of State)
P 14-00 00 60 110 (Document Number of C	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "con "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Signal corporated or the abbreviation Corp. The new professional corporation name must contain the word of the solution of the abbreviation of the word of the solution of the solution of the abbreviation of the word of the solution of the solution of the abbreviation of the word of the solution of the solution of the abbreviation of the word of the solution of the abbreviation of the solution of the abbreviation of the word of the solution of
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent DRIANDO N	1000/i
519 El Dorado alv (Florida street	d N Cape Conglife 33973 UM
New Registered Office Address: CAPE CORAL (Ci	, Florida 33 993 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with  Signature of New Registered.	

Check if applicable

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

\_\_\_ Add

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 PT John Doe X Remove $\underline{V}$ Mike Jones X Add <u>SV</u> Sally Smith Type of Action Title <u>Name</u> **Address** (Check One) 1705 NE 4 PL Melindo Mestre 1) \_\_\_\_ Change \_\_\_ Add ≺ Remove 2) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove 3) Change \_\_\_ Add \_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_ Remove 5) \_\_\_\_ Change \_\_ Add Remove 6) \_\_\_\_ Change

Attach additional sheets, if necessary). (Be specific)	
NA	
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	JUN 24
	FL6
	21 C
	5
an amendment provides for an exchange, reclassification, or cancellation of issued share	s.
provisions for implementing the amendment if not contained in the amendment itself:	<del>- 1</del>
(if not applicable, indicate N/A)	
NA	
	-
	· ·
	· -

The date of each amendment(s) adoption:	, if other than the
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 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 incorporators, or board of directors without shareholder action and action was not required.	shareholder
☐ 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	FILED
(voting group)  Dated June 22, 2022  Signature By a director, president of other officer – if directors or officers have not been	ED 9H 3: 00
(By a director, president of 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)	_
Opland Mayoli (Typed or printed name of person signing)	
President (Title of person signing)	<del></del>