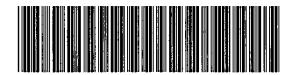


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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
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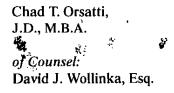


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SECRETARY OF STAN

DEC 21 2015 R. WHITE





2925 Alternate 19 North, Suite B
Palm Harbor, Florida 34683
727.772.9060 Telephone
727.771.8800 Facsimile
www.orsattilaw.com

December 16, 2015

Registration Section
Florida Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE:

Surgical Capital Solutions, Inc.

Document No. P14000086600

Tuning Dynamics, Inc.

Document No. P14000003591

Smatcher Auto Solutions, Inc. Document No. P14000042565

Dear Sir or Madam:

Please file the enclosed Articles of Amendment to Articles of Incorporation for each of the above-referenced corporations at your earliest opportunity. Check No. 6100 in the amount of \$105.00 is enclosed herewith for the total filing fees.

If you have any questions or, if you are in need of any additional information, please do not hesitate to contact me.

Thank you for your assistance.

Sincerely,

Chad T. Orsatti, Esq.

CTO/cjc

Enclosures

Articles of Amendment to Articles of Incorporation of

FILED .
15 DEC 18 AM 5: 46

SURGICAL CAPITAL SOLUTIONS, INC.

(<u>Name</u>	of Corporation as curren	tly filed with the Florida Depart State SSEE FI ORIDA	
P14000086600			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s)	
A. If amending name, enter the new na	me of the corporation:		
		The new	
	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
B. Enter new principal office address, if applicable:		1410 11th Street, Unit C	
(Principal office address <u>MUST BE A S</u>		Palm Harbor, Florida 34683	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1410 11th Street, Unit C	
		Palm Harbor, Florida 34683	
D. If amending the registered agent an new registered agent and/or the ne			
Name of New Registered Agent	Chad T. Orsatti, Esq.		
	2925 Alternate 19 North,	Suite B	
	(Florida s	treet address)	
New Registered Office Address:	Palm Harbor	, Florida	
		(City) (Zip Code)	
New Registered Agent's Signature, if c		nt: r with and accept the obligations of the position.	
r nervoy accept the appointment as regist	crea agem. I am jammar	A	

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 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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	Р, Т		Gary M. Smith, Trustee	1410 11th Street, Unit C
Add				Palm Harbor, Florida 34683
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				-
Remove				
5) Change		_	<u> </u>	
Add				
Remove				
6) Change				<u>. </u>
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch	lange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
A	

The date of each amendment(s) adoption:	, if other than th
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, document's effective date on the Department of State's records.	this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amen by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sha action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	older
Dated December 14, 2015	
Signature	
(By a director, president or other officer - if directors or officers have no	
selected, by an incorporator – if in the hands of a receiver, trustee, or otl appointed fiduciary by that fiduciary)	ner court
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President - Treasurer (Title of person signing)	
(Title of person signing)	