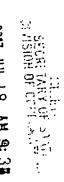
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Special Instructions to	Filing Officer:	

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#### **COVER LETTER**

Division of Corporations NAME OF CORPORATION: \_ADTECH D&D CORP. DOCUMENT NUMBER: P14000098055 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: IRA R. SHAPIRO Name of Contact Person IRA R. SHAPIRO, P.A. Firm/ Company 16375 NE 18TH AVENUE, SUITE 225 Address NORTH MIAMI BEACH, FL 33162 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: IRA R. SHAPIRO at (305 944-3936

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:

□\$43.75 Filing Fee &

Certificate of Status

**Mailing Address** 

□ \$35 Filing Fee

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

□\$43.75 Filing Fee &

(Additional copy is enclosed)

Certified Copy

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

\$52.50 Filing Fee Certificate of Status

Certified Copy

(Additional Copy is enclosed)

### Articles of Amendment to Articles of Incorporation of



ADTECH D&D CORP. (Name of Corporation as currently filed with the Florida Dept. of State) P14000098055 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s		
[) Change	D	_	GUSTAVO DANIEL OVIEDO	1800 N. Bayshore Drive		
X Add				Miami, FL 33132		
Remove						
2) Change		_				
Add						
Remove						
3 ) Change		_				
Add						
Remove						
4) Change	· · · · · ·	_				
Add						
Remove						
5) Change		_				
Ađd				<u> </u>		
Remove						
6) Change		_				
Add						
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If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	indifferent if not contained in the amendment users.
	<del>-</del>

The date of each amendment(s) adoption:	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 not b document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(s) (CHECK ONE)	
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"  (voting group)	
☐ 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	
(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)	
STUART BLOOM	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	<del></del>

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: ADTECH D&D C	ORP.				
DOCUMENT NUMBER: P14000098055						
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	IRA R. SHAPIRO					
	Name of Contact Person					
	IRA R. SHAPIRO, P.A.					
	Firm/ Company					
	16375 NE 18TH AVENUE, SUITE 225					
	Address					
	NORTH MIAMI BEACH, F	L 33162				
		City/ State and Zip Code				
	E-mail address: (to be us	sed for future annual report r	notification)			
		•	,			
For further informatio	n concerning this matter, pleas	se call:				
IRA R. SHAPIRO		305	044 2024			
	of Contact Person	at (	944-3936 le & Daytime Telephone Number			
Enclosed is a check fo	or the following amount made	payable to the Florida Depar	tment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Amo Divi P.O.	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Divisior Clifton I	Address nent Section n of Corporations Building secutive Center Circle			

Tallahassee, FL 32301

## IRA R. SHAPIRO, P.A.

ATTORNEY AND COUNSELOR AT LAW
BAYLEE EXECUTIVE CENTER • SUITE 225
16375 NORTHEAST 18™ AVENUE
NORTH MIAMI BEACH, FLORIDA 33162

IRA R. SHAPIRO

DADE: (305) 944-3936 BROWARD: (954) 763-5801 FACSIMILE: (305) 944-3345 EMAIL: info@irarshapiropa.com

July 17, 2017

**VIA FEDEX 779664818015** 

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: ADTECH D&D Corp.

Amendment of Articles of Incorporation

LICAL, MAJACOLA AR. SHAPIRO

To Whom It May Concern:

Please find enclosed an Articles of Amendment to Articles of Incorporation. Also enclosed is a check in the amount of \$52.50 for the filing fee and Certificate of Status, and a return self addressed stamped envelope.

Sincerely,

IRS/sma

Encl.

scorp bloom 71717.3