P15000 020 762

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600335132136



019 OCT -7 PM 1:23

C GOLDEN OCT 2 1 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: U Have it? We'll I	lang it!, Inc.		
DOCUMENT NUME				
	of Amendment and fee are su	abmitted for filing.		
Please return all corres	spondence concerning this ma	itter to the following:		
	Louis Socurtas			
		Name of Contact Person	n	
		Firm/ Company		
	2430 Estancia Blvd Suite 103	8		
		Address		
	Clearwater, FL 33761			
		City/ State and Zip Cod	e	
lmdac	counting@yahoo.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	reoncerning this matter, plea-	se call:		
Louis Scourtas		at (<u>72</u> 7		
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



U Have it? We'll Hang it!, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P15000020762 (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: L Tech Services, Inc. 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: (Muiling 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: _ (City) (Zip Code) 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 Doe	
X Remove	\underline{V}	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	s, if necessary),	(Be specific)				
				-		
			· · · · · · · · · · · · · · · · · · ·			
				_		
		· · · · · · · · · · · · · · · · · · ·				
					· - · · · · · · · · · · · · · · · · · ·	
						
 						
						
			· -			
	idae far an asab	iange, reclassifica	ation, or cancell:	ition of issued sh	iares.	
an amendment prov	ides for an exer			namelmant stealt.		
<u>provisions for implen</u>	nenting the ame	ndment if not co	ntained in the ar	nenument asen.		
f an amendment prov provisions for implen (if not applicable,	nenting the ame	ndment if not co	ntained in the ar	nenamene usen.		
<u>provisions for implen</u>	nenting the ame	ndment if not co	ntained <u>i</u> n the ar	nenument risen.		
<u>provisions for implen</u>	nenting the ame	ndment if not co	ntained in the ar	RHOHER RSCH.		
<u>provisions for implen</u>	nenting the ame	ndment if not co	ntained in the ar	RIGHER ASEL.		
<u>provisions for implen</u>	nenting the ame	ndment if not co	ntained in the ar	ICHIGHERE ASCE.		
<u>provisions for implen</u>	nenting the ame	ndment if not co	ntained in the ar	ICHIGHER ASER.		
<u>provisions for implen</u>	nenting the ame	ndment if not co	ntained in the ar	THURKIN ASCIL.		
<u>provisions for implen</u>	nenting the ame	ndment if not co	ntained in the ar	THUMEN ASCI.		
<u>provisions for implen</u>	nenting the ame	ndment if not co	ntained in the ar	THOMEN ASCI.		
<u>provisions for implen</u>	nenting the ame	ndment if not co	ntained in the ar	THOMEN ASCIL.		
<u>provisions for implen</u>	nenting the ame	ndment if not co	ntained in the ar	THURK ASEL.		
<u>provisions for implen</u>	nenting the ame	ndment if not co	ntained in the ar	THOREM ASELL		
f an amendment prov provisions for implen (if not applicable.	nenting the ame	ndment if not co	ntained in the ar	THOREM ASCIL.		

The date of each amendment(s) adoption date this document was signed.	09/11/2019 [*] ption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	ck does not meet the applicable statutory filing requirements, this date will rtment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopte by the shareholders was/were suffice	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement sich voting group entitled to vote separately on the amendment(s):	
"The number of votes east for	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
09/11/2019 Dated Signature		_
selected, l	ctor 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 I fiduciary by that fiduciary)	
1.0	ouis C Scourtas	
	(Typed or printed name of person signing)	
Pr	resident	
_	(Title of person signing)	