## 15000052072

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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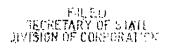
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: REBUILD MASTE	ER TECH INC.			
DOCUMENT NUMBE	P15000052072		<u>-</u>		
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.			
Please return all correspondent	ondence concerning this mat	ter to the following:			
V	/alerie Barnhart, Esq.				
	·	Name of Contact Person			
К	Kelley Kronenberg, P.A.				
-		Firm/ Company			
8	8201 Peters Road, Suite 4000				
_	Address				
P	Plantation, Florida 33324				
-		City/ State and Zip Code			
darlene	@rebuildmastertech.com				
	-	ed for future annual report	notification)		
For further information	concerning this matter, pleas	e call:			
Valerie Barnhart		at ( 954	370-9970 de & Daytime Telephone Number		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:		
■ \$35 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)		
Amer Divis P.O. I	ing Address indment Section ion of Corporations Box 6327	Amend Divisio Clifton	Address Iment Section on of Corporations Building yeartive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



2016 SEP 20 AM 8: 07

REBUILD MASTER TECH INC.		
\ <u></u>	Corporation as currentl	y filed with the Florida Dept. of State)
P15000052072		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
	ation "Corp," "Inc," or "	The new n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, i (Principal office address MUST BE A ST		
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C	<u>OFFICE BOX</u> ) d/or registered office add	
new registered agent and/or the nev		<u>u</u>
Name of New Registered Agent	Valerie B. Barnhart, Esq.	
	Kelley Kronenberg, 8201	Peters Rd. Suite 4000
	(Florida st	eet address)
New Registered Office Address:	Plantation	, Florida 33324
		(City) (Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	ered agent. I am familiar	: with and accept the obligations of the position.  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.

X Change	<u>PT</u> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	PD	Joffrey Limpert	920 SW 2nd Place
Add			Suite C
Remove			Pompano Beach, FL 33069
2) Change	D	Darlene Limpert	920 SW 2nd Place
<u>X</u> Add			Suite C
Remove			Pompano Beach, FL 33069
3) Change	D	Andrew Limpert	920 SW 2nd Place
X Add			Suite C
Remove			Pompano Beach, FL 33069
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)	<del></del>		
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If an amendment provides for an evol	hanga realossificatio	n or concellation	of iccuad charge	
if an amendment provides for an excl provisions for implementing the ame	endment if not contain	ned in the amend	nent itself:	l
(if not applicable, indicate N/A)				
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				. ,

The date of each amendment(s) adoption:	FILE (1)
date this document was signed.	HVISION OF CORFORATE &
Effective date if applicable:	2018 SEP 20 AM 8: 07
(no more than 90 days after amend	ment file date)
Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes c by the shareholders was/were sufficient for approval.	ast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups must be separately provided for each voting group entitled to vote separately on	
"The number of votes cast for the amendment(s) was/were sufficient for app	roval
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholde action was not required.	er action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder ac action was not required.	tion and shareholder
August 29, 2016	
Dated	
Signature	
(By <sub>i</sub> a director,)president or other officer - if directors of	
selected, by an incorporator – if in the hands of a receive	er, trustee, or other court
appointed fiduciary by that fiduciary)	
Joffrey Limpert	
(Typed or printed name of person sig	gning)
President	

(Title of person signing)