

P15000052488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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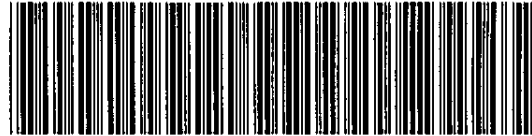
(Business Entity Name)

(Document Number)

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2015 JUL -1 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 09 2014

C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** MEGABIZ INC

**DOCUMENT NUMBER:** P15000052488

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NINOTCHKA HECHT

Name of Contact Person

JUST HIGH TECH CORP

Firm/ Company

10544 NW 26TH STREET SUITE E-204

Address

DORAL FL 33172

City/ State and Zip Code

asistentemiami@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ninotchka Hecht

Name of Contact Person

at ( 786 )

3800145

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

**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

MEGABIZ INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000052488

(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:**

N/A

*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."*

N/A

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

N/A

**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

N/A

(Florida street address)

New Registered Office Address:

N/A

Florida

(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 O  
address of each O**  
(Attach additional :  
Please note the offi:  
P = President; V=  
Executive Officer;  
held. President, Tre  
Changes should be  
a change. Mike Jon  
Mike Jones, V as R

**Example:**

☒ Change

☒ Remove

☒ Add

Type of Action  
(Check One)

1) ☐ Change

☒ Add

☐ Remove

2) ☐ Change

☐ Add

☐ Remove

3 ) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

**title and name of each officer/director being removed and title, name, and**

*the office title:*

*ecretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief  
in officer/director holds more than one title, list the first letter of each office*

*ently John Doe is listed as the PST and Mike Jones is listed as the V. There is  
h is named the V and S. These should be noted as John Doe, PT as a Change,  
l.*

Address

CHAVEZ

13342 LONGACRE DR.

WINDERMERE, FL 34786

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

THE CORRECT NAME OF THE VP: IS DAISY C VILLALBA

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

06/15/2015

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

06/15/2015

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 be listed as the document's effective date on the Department of State's records.

**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 06/22/15

Signature Daisy Villalba

(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)

DAISY C VILLALBA

\_\_\_\_\_  
(Typed or printed name of person signing)

VICE PRESIDENT

\_\_\_\_\_  
(Title of person signing)