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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: MTSCIPA D150005771 SC
DOCUMENT NUMBER: PISOUDO 126 8
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Scott Fuchs Name of Contact Person MTS C TPA Firm/ Company 377 Flowing LAVE Address Vaples FL 34108 City/ State and Zip Code
E-mail address: (to be used for future annual/report notification) For further information concerning this matter, please call:
Scott Fuchs at (239) 682-6975 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S43.75 Filing Fee Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

to

(Name of Corpora	ation as currently filed with the Flori	ida Dept. of State)
P1 <6	200257 26	\$
(Doc	rument Number of Corporation (if know	vn)
Pursuant to the provisions of section 607,1006, Flor its Articles of Incorporation:	ida Statutes, this <i>Florida Profit Corpo</i>	ration adopts the following amendment(s)
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abl	ic," or "Co". A professional corpor	orated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	
		نت
D. If amending the registered agent and/or registered agent and/or the new registered		the name of the
Name of New Registered Agent		
		SSE PH
	(Florida street address)	<u> </u>
New Registered Office Address:		Florida PA 5
new Neglaterea Office Plantess.	(City)	(Zif) Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	legistered Agent: t - Lam familiar with and accept the of	digations of the vasition.
The top design the appointment and regime to agent		The second secon
Sig	gnature of New Registered Agent, if cha	inging

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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> <u>John Doe</u>		
X Remove	V <u>Mike Jones</u>		
X Add	SV Sally Smith		
Type of Action (Check One)	<u>Title</u> <u>Name</u>		<u>Addres</u> s
1) Change	V Mic	helle Fuchs	377 Flamingo Av Naples FL 3410
Add		•	Naples FL 3410
Remove			<u> </u>
2) Change			
Add			<u></u>
Remove 3) Change			
Add			
Remove			
4) Change		.	
Add			
Remove			
5) Change	•		
Add			-
Remove			
6) Change			<u></u>
Add			
Remove			

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f an amendmant musides for an auckana		m samuellation at	Clarence de la branca de	
f an amendment provides for an exchange provisions for implementing the amendm	<u>, regulassification, tent if not contained</u>	in the amendm	ent itself:	
(if not applicable, indicate N/A)				
				· · · · · · · · · · · · · · · · · · ·
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The date of each amendment(s) adoption this document was signed.	tion:	, if other than the
Effective date if applicable:		
Effective date <u>if applicable</u> .	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requiremen tment of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	d by the shareholders. The number of votes cast for the amient for approval.	endment(s)
	red by the shareholders through voting groups. The following the voting group entitled to vote separately on the amendment	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated 09	26/2021	
Signature	4000	
	tor, president or other officer – if directors or officers have y an incorporator – if in the hands of a receiver, trustee, or o	
	fiduciary by that fiduciary)	
	Scott Fuchs	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	