## P15000090850

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TO DEC TO AND: OU

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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

BOC 16 MID: OF **Division of Corporations** NAME OF CORPORATION: PVTEK INC. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Gustavo Oppel Name of Contact Person PVTEK INC. Firm/ Company 20900 NE 30th Ave. Suite 601 Address Aventura, FL 33180 City/ State and Zip Code gussopp@live.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 ) 793-3356

Area Code & Daytime Telephone Number Gustavo Oppel Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **□**\$43.75 Filing Fee & □\$52.50 Filing Fee **□\$43.75** Filing Fee & **\$35** Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## Articles of Amendment to Articles of Incorporation of

600 6

PVTEK INC.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P15000090850	in the second	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	209000 NE 30th Ave. Suite 601	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Aventura, FL 33180	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O.BOX 802015	
	Miami , FL 33280	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre		
Name of New Registered Agent		
(Florida s	street address)	
New Registered Office Address:	(City), Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian		
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 Doc		
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>	Address	
1) Change	P	Gustavo Oppel	20900 NE 30th Ave. Suite 601	
X Add			Aventura , FL 33180	
Remove				
2) Change	P	Nicolas Oppel	21410 NE 24 th Court	
Add			Miami , FL 33180	
X Remove				
3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
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)

The date of each amendment(s	adoption:	, if other than the
date this document was signed.	2/26/2016	
Effective date <u>if applicable</u> :		<del></del>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendme e sufficient for approval.	ni(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
■ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
12/13	3/2016	
Dated Signature		
(By	a director, president or other officer – if directors or officers have not be ected, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	Gustavo Oppel	
	(Typed or printed name of person signing)	<u>,,, , , , , , , , , , , , , , , , , , </u>
	President	
	(Title of person signing)	