

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



600317639196

08/30/18--01013--009 **35.00

R. WHITE SEP 0 4 2018 2018 AUG 30 PM 1: 46 SECRETARY OF STATE TALLAHASSEE FI

COVER LETTER

TO: Amendment Section

Division of Corporations MAC Tech, inc <u> 20000001</u> DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jonattan Robles
Name of Contact Person For further information concerning this matter, please call: <u>unattan kulacs</u> Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Fiting Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

FILED

Articles of Amendment to Articles of Incorporation

2018 AUG 30 PM 1:46

DMAC TECH, Inc

SECRETARY OF STATE TALLAHASSEE. FL

to

	DITTO TON, TO TALLAHASSEE.FE
	(Name of Corporation as currently filed with the Florida Dept. of State)
	PUCONONSTED
	(Document Number of Corporation (if known)
Pursuant to the provision its Articles of Incorpora	ons of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(stion:
A. If amending name,	enter the new name of the corporation:
	NIA
"Corp.," "Inc.," or Ce	The new vishable and contain the word "corporation," "company," or "incorporated" or the abbreviation o.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the offessional association," or the abbreviation "P.A."
	al office address, if applicable: See MUST BE A STREET ADDRESS)
	AY BE A POST OFFICE BOX
D. If amending the reg new registered age	gistered agent and/or registered office address in Florida, enter the name of the nt and/or the new registered office address:
Name of New I	legistered Agent
	15224 East Colonial De
<u>New Registerea</u>	1 Office Address: OVIANGO , Florida 32820 (City) (Zip Code)
New Registered Agent hereby accept the appo	's Signature, if changing Registered Agent: sintment as registered agent.—I am familiar with and accept the obligations of the position.
	NIA
	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> <u>John</u>	Doe				
X Remove	<u>V</u> <u>Mike Jones</u>					
X Add	SV Sally					
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address			
1) Change Add	VP_	Tiffany Roblo	15224 East Colonial be Oblando FC 32824			
Pemove 2) Change Add	P	Jonattin Rubio	15224 East Colonial De O'Elcinda FL 328210			
Remove 3) Change Add						
Remove 4) Change Add						
Remove 5) Change Add						
Remove						
Add			 _			

		17/		· - · - · - · - · · · · · · · · · · · ·	
	$\sim V_{i}$	1117			
			·		1.14
			· 		
	1.				
			_		
				<u></u>	
	-				
					
	<u></u> _				
,					
			 .		
				<u> </u>	
n amendment pro	vides for an exchan	ge, reclassification	n, or cancellation	of issued shares.	
(if not applicable	menting the amendi	ment ii not contaii	ned in the amendi	nent itself;	
	, / ſ		· · ·	-	.
-	M	W			
	1101	V			
			-		

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 de	uys after amendment file date)
Note: If the date inserted in this block does not meet the applicabl document's effective date on the Department of State's records.	e statutory filing 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 nu by the shareholders was/were sufficient for approval.	mber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote	n voting groups. The following statement esperately on the amendment(s):
"The number of votes east for the amendment(s) was/were so	afficient for approval
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors wit action was not required. The amendment(s) was/were adopted by the incorporators without action was not required.	
Dated 8 10118	
Signature (By a director president or other officer- selected, by an incorporator – if in the ha appointed fiduciary by that fiduciary)	iterrectors or officers have not been nds of a receiver, trustee, or other court
Tarat (Typed or printed nam	tan fubio e of person signing)
Ples	ident
(Title of po	erson signing)