P16000024412

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: AUTOMAT COR	P	
DOCUMENT NUMBER:	P16000024412		
The enclosed Articles of A	mendment and fee are su	bmitted for filing.	
Please return all correspond	dence concerning this mat	tter to the following:	
		MATEO J. ACOSTA	
		Name of Contact Person	
		Firm/ Company	
		4668 NW 97TH PL	
		Address	
		DORAL, FL 33178	
		City/ State and Zip Code	
	LBAPF	ROFESSIONAL@YAHOO	.COM
	E-mail address: (to be us	sed for future annual report	notification)
For further information cor	ncerning this matter, pleas	se call:	
MATEO J. ACOS	ГА	at (786	553-5422
Name of Co	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:
S35 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)
<u>Mailing</u>	Address		<u>Address</u>
	nent Section		Iment Section
	of Corporations		on of Corporations ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
P.O. Box Tallahas	C03 <i>21</i> see FL 32314		Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

AUTOMAT CORP



(Name of Co	rporation as currently	filed with the Flo	rida Pentlof State PH L: 34
	P16000024	412	SECRETARY OF STATE
	(Document Number of	Corporation (if kno	WITALLAHASSEE, FLORIDA
Pursuant to the provisions of section 607.1006, ts Articles of Incorporation:	, Florida Statutes, this F	lorida Profit Corp	oration adopts the following amendment
A. If amending name, enter the new name o	of the corporation:		
			The new
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation, word "chartered," "professional association,	"Corp," "Inc," or "C	'o''. A professione	"incorporated" or the abbreviation al corporation name must contain the
B. Enter new principal office address, if app			, .—.
Principal office address <u>MUST BE A STREI</u>	ET ADDRESS)		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			
(, <u>, , , , , , , , , , , , , , , , , , </u>		
D. If amending the registered agent and/or		ss in Florida, ente	er the name of the
new registered agent and/or the new reg	istered office address:		
Name of New Registered Agent			
<u> </u>			4
	(Florida stre	et address)	
New Registered Office Address:		<u> </u>	, Florida
•	(City)	(Zip Code)
New Registered Agent's Signature, if chang	ing Registered Agent:		
hereby accept the appointment as registered	agent. I am familiar w	ith and accept the	obligations of the position.
40 14-41-41	Signature of New Re	paistored 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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	ORIANA PAREDES	4668 NW 97TH PL
X Add			DORAL FL 33178
Remove			
2) Change			-
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	-	<u></u>	
Remove			

ttach additional sheets, if necessar					
MENDED TO ADD ORIANA PAI	REDES AS VICE-I	PRESIDENT OF A	UTOMAT CORP		
	_·				
· · · · · · · · · · · · · · · · · · ·				· 	
					
- MIII					
					
					
f an amendment provides for an	exchange, reclassi	lication, <u>or cancel</u>	lation of issued sh	ares,	
provisions for implementing the	amendment if not	contained in the a	mendment itself:		
(if not applicable, indicate N/A	1)				
	-		•	10. Te	
			<u>.</u>		
		.			

	03/23/2016	
The date of each amendment(s)	ndoption:	, if other than th
date this document was signed		
Effective date <u>if applicable</u> :	03/23/2016	
Effective date if applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, repartment of State's records.	this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were	lopted by the shareholders. The number of votes cast for the amen ufficient for approval.	dment(s)
	proved by the shareholders through voting groups. The following reach voting group entitled to vote separately on the amendment	
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	lopted by the board of directors without shareholder action and shallopted by the incorporators without shareholder action and shareholder	
action was not required.		
	H 23, 2016	
DatedSignature	11 latinatalis	
(By a selec	director, president or other officer – if directors or officers have no ed, by an incorporator – if in the hands of a receiver, trustee, or other nted fiduciary by that fiduciary)	
	MATEO J ACOSTA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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