P10000028884

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(Cit	ty/State/Zip/Phone	#)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MATRIX COMPU	JTER PHONE REPAIR	& SALES AND MORE INC	
DOCUMENT NUMB	ER: P16000028884			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	MIGUEL MENDOZA			
		Name of Contact Perso	n	
	Firm/ Company			
	1139 TIMBERBEND CIRC	CLE		
		Address		
	ORLANDO, FLORIDA, 32			
		City/ State and Zip Cod	de	
mgme	endo@aol.com			
-	E-mail address: (to be us	sed for future annual repor	t notification)	
For further information	concerning this matter, pleas	se call:		
Miguel M Mendoza	_	at (538-7487	
Name e	f Contact Person	Area Co	ode & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Dep	partment of State:	
S35 Fiting Fce	☐S43.75 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)	
Ame Divis P.O.	ing Address Indirection Indire	Amen Divisi Clifto 2661	t Address diment Section on of Corporations n Building Executive Center Circle nassee, FL 32301	

Articles of Amendment to Articles of Incorporation

FILED

2018 SEP 17 PM 3: 29

MATRIX COMPUTER PHONE REPAIRS & SALES AND MORE INC

P16000028884	m as currently med with the Flori	TALLAHASSEE, FL
(Docum	ent Number of Corporation (if know	(n)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corpor	ration adopts the following amendment(s) to
A. If amending name, enter the new name of the con	rporation:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	" "Inc." or "Co". A professional	'incorporated' or the abbreviation corporation name must contain the
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>V</u>)	
	· 	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, enter	the name of the
Name of New Registered Agent		
	(Florida street address)	<u> </u>
New Registered Office Address:	,	en. Ca
New Registered Office Address.	(City)	, Florida
New Registered Agent's Signature, if changing Regi	stared Agent.	
I hereby accept the appointment as registered agent. I	am familiar with and accept the ob	ligations of the position.
Signa	ture of New Registered Agent, if che	anging

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: XChange	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	٧		LEIDY M. ANDRADE	6949 SUGAR BUSH DR
X Add				ORLANDO, FL. 32819
Remove				
2) Change		-		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		 -		
Add				
Remove				
6) Change	-	_		
Add				
Remove				

	(Be specific)
-	
	
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	<u> </u>
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	ange reclusification ar cancellation of issued charge
If an amendment provides for an eyel-	
If an amendment provides for an exchiprovisions for implementing the amer	ndment if not contained in the amendment itself:
If an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo locument's effective date on the Department.	eck does not meet the applicable statutory filing requirements artment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the americient for approval.	ndment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and sh	areholder
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareh	older
Dated	9-11-18 Trades Gudordo	
Signature	Tros Gudorde	
(By a dir	ector, president or otherlofficer – if directors or officers have n	
	by an incorporator – if in the hands of a receiver, trustee, or of diduciary by that fiduciary)	her court
	GROBER ANDRADE	
_	(Typed or printed name of person signing)	· · ·
	PRESIDENT (Title of person signing)	
_	(Title of person signing)	