# P1600053508

Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

MAY 18 2017 T. LEMIEUX



### COVER LETTER

Division of Corporations AMAZING POTICAL, INC. P160000585 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: P. MURPHY'S LAW P. TPM LAWYER @ HOTMAIL

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number 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 Filing 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**

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

to
Articles of Incorporation
of

AMAZING UPILCAL, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)  P16000058508
P16000058508
(Document Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s Articles of Incorporation:
. If amending name, enter the new name of the corporation:
KWG TECHNOLOGIES INC. The new
ame must be distinguishable and contain the word—corporation," "company," or "incorporated" or the abbreviation Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the ord "chartered," "professional association," or the abbreviation "P.A."
Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
./
(Florida street address)
New Registered Office Address:, Florida,
(City) (Zip Code)
ew Registered Agent's Signature, if changing Registered Agent:  hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the positions.
CRETAY AND SEE
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 <math>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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		NA
Add				
Remove				
2) Change		_		
Add		•		
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				<del></del>
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	/,
	1/10
	11 / 12
	<u>'</u>
<del>.</del>	
	•
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	NIA

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: $\frac{3(24/20)}{}$	7
(no more than 90 days g	ier amendment file date)
Note: If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records.	utory 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 number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voti must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient	ent for approval
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without share action was not required.	cholder action and shareholder
Dated MAY 4, 2017	
Signature Ton Muches	
(By a director, president or other officer - if a	
selected, by an incorporator—if in the hands of	f a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
THOMAS P. M	URPH4
(Typed or printed name of	person signing)
DIRECTOR	
(Title of person	signing)



April 7, 2017

THOMAS P. MURPHY T.P. MURPHY'S LAW P.A. 555 NE 34TH STREET - STE. 603 MIAMI, FL 33137

SUBJECT: AMAZING OPTICAL, INC,

Ref. Number: P16000058508

We have received your document for AMAZING OPTICAL, INC, and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 617A00006763

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