

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(B	dusiness Entity Name)	
(D	ocument Number)	
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And

JUN 16 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: [] NAME	ALCH Syslems AND Sekulces In	
DOCUMENT NUMBER: P16000	0085480	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
<u>OLen</u>	Miller	
MONARCH	Systems And Services Firm/ Company	
5700 Men	no Rial Hwy # 300 206	
LAMPA,	FL -33615	
	City/ State and Zip Code	
O L E-mail address: (to be	e used for future annual report notification)	
For further information concerning this matter, pl	lease call:	
OLex Mile Name of Contact Person	at (813) 889-7000 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made		
\$35 Filing Fee & Certificate of Status		
Mailing Address	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment

to

17

Articles of Incorporation

of
Monarch Systems & Services Inc
P 1(0000 85480
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name 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 word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) TAMLA TO 33615
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. 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)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
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.

Mike Jones, V as Remove Example:	2, and Sai	lly Smith, SV as an Add.	
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)	Title	Douglas Miller	Address H .
1) Change Add Remove		- Duglas ITTILLE	5700 Memoria Hwy TAMPA, FC 33615
2) Change	<u>P</u>	OKie Ohen -	5700 Menorialtw TAMPA, FC 33615
Remove 3) Change			
Add Remove			
4) Change			
Add			
5) Change Add			
Remove			
6) Change Add			
Remove			

ttach <i>additional sheets, if ne</i>	ecessary). (Be spec	ific)			
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an amendment provides f	for an exchange, recl	assification, or c	ancellation of iss	ued shares,	
rovisions for implementin	ng the amendment if	not contained in	the amendment	itself:	
(if not applicable, indica	ate N/A)				
	···		<u> </u>		
				····	

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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated $6-6-2017$
Signature DC: O- WILL
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(1 yped or printed name of person signing) Res.
(Title of person signing)