## P16000088799

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: A & A SINCE 2	016 CORP			
DOCUMENT NUMBER: P16000088799				
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this n	natter to the following:			
NINOTCHKA HECHT				
	Name of Contact Person			
JUST HIGH TECH CORP				
	Firm/ Company			
10544 NW 26TH ST. SUIT	TE E 204			
	Address			
DORAL FL 33172				
-	City/ State and Zip Code			
asistentemiami@gmail.com				
	used for future annual report notification)			
	·			
For further information concerning this matter, ple	ease call:			
NINOTCHKA HECHT	at (786 \ 3800145			
Name of Contact Person	at (786 ) 3800145  Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:			
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address 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

A & A SINCE 2016 CORP

(Name of Corporatio	n as currently filed with the Florida Dept. of State)
P16000088799	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:
N/A	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	" "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADD</u>	RESS)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	23
To the state of th	
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	ed office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
	(rioriaa sireet aaaress)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:
I hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
Signa	ture 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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				
Remove				
2) Change		_		
Add				-
Remove				
3 ) Change		<del></del>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		<del></del>		
Remove				
Konove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
THE OBJECT OF THE COMPANY WILL BE: WHOLESALE, MANUFACTURING, DISTRIBUTORS, IMPORT AND
EXPORT OF OPTICAL, MEDICAL AND DENTAL EQUIPMENT, PRODUCTS, AND SUPPLIES.
AND ANY AND ALL LAWFUL BUSINESS
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate $N/A$ )
N/A

The date of each amoudment date this document was signed	· · · · · · · · · · · · · · · · · · ·	, if other than th
·	01/01/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	•
	this block does not meet the applicable statutory filing requirements, this dathe Department of State's records.	ate will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendment(ere sufficient for approval.	s)
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	ent
"The number of vote:	s cast for the amendment(s) was/were sufficient for approval	
ьу	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	er
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
	/2016	
DatedSignature_2	Chronital	
(E	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other couppointed fiduciary by that fiduciary)	
	JOSE A LEON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	