## P1700001428

(Re	questor's Name)	···
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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## **COVER LETTER**

TO: Amendment Section Division of Corporation			
	GGGEA	711 /053	it inc
NAME OF CORPOR	ATION! CCC//	A A	71
DOCUMENT NUMB	AATION EEEEA.	01700001	428
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	RA	11/ SANT	inco
•	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	7/10
_			
	1481	Firm/Company Off	AM) BLUD #201
•	PomPi	Address DEAO 11	Le 33062
-	<u> </u>	City/ State and Zip Code	
	ROULGE	AZY DUESIT.	2. NET
		ed for future annual report	
For further information	concerning this matter, please	e call:	
RAUL	SANTIAOU of Contact Person	at (954)	793-99/9 de & Daytime Telephone Number
			,
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	rtment of State:
\$35 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)
	ing Address		Address
	ndment Section sion of Corporations		ment Section n of Corporations
	Box 6327	Clifton	Building
Talla	shassee, FL 32314		xecutive Center Circle issee, FL 32301

## Articles of Amendment

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Articles of Incorporati	on
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EEEEAZ	4 DOS IT INC
(Name of Corporate	tion as currently filed with the Florida Dept, of State)
P	1700000 1428
(Docur	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	Corporation:  The new
"Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc." or "Co". A professional corporation name must contain the e abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	DRESS)
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BC</u>	11/1
D. If amending the registered agent and/or registe new registered agent and/or the new registered Name of New Registered Agent	ered office address in Florida, enter the name of the doffice address:
	/
	(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.	e <mark>gistered Agent:</mark> I am familiar with and accept the obligations of the position.
Sign	nature 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.

Example: 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)  1) Change Add Remove	Title	RAU/ SANTIAGO	Address  1481 S. OCEAN BLUD  Pumpono Bene4, 41 33067
2) Change Add Remove 3 ) Change			
Add Remove  4) Change Add	-		
Remove  5) Change  Add  Remove			
6) Change Add Remove	<del></del>		

f amending or adding additional Ar Attach additional sheets, if necessary).	(Be specific)	NA		
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		<u> </u>		
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		• •	<u> </u>	
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			<u>-</u> .	
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	<del> </del>			
f an amendment provides for an exc	hange, reclassifica	tion, or cancellation	of issued shares,	
provisions for implementing the am	<u>endment if not con</u>	tained in the amend	ment itself:	
(if not applicable, indicate N/A)		NA		
		10/7		
			<del> </del>	
<del></del>				
			W 118	

The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this bloc document's effective date on the Depart	k does not meet the applicable statutory filing requirements, t truent of State's records.	his date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	d by the shareholders. The number of votes cast for the amendatient for approval.	ment(s)
	yed by the shareholders through voting groups. The following such 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)	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and share	cholder
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and sharehold	ler
Dated	4/1/17	
Signature	Claw Someso	
(By a directed, b	etor, president or other officer – if directors or officers have not y an incorporator – if in the hands of a receiver, trustee, or othe fiduciary by that fiduciary)	
	KANL SANTIAON	
	(Typed or printed name of person signing)  OWNER   Putsi Dent	
	OWNER/ flesi Dant	•
	(Title of person signing)	