

| (Re                                     | equestor's Name)   |             |  |
|---|--------------------|-------------|--|
| (Ad                                     | ldress)            |             |  |
| (Ac                                     | ldress)            |             |  |
| (Ci                                     | ty/State/Zip/Phone | e #)        |  |
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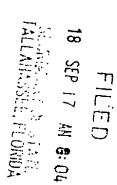
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SEP 20 2018 S. YOUNG



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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| NAME OF CORPO                              | RATION: HOSPITECH CO                        | RP   |  |
|--|---|--|--|
| DOCUMENT NUM                               | P17000024921                                |  |  |
| The enclosed Articles                      | s of Amendment and fee are su               | bmitted for filing.  |  |
| Please return all corre                    | espondence concerning this ma               | tter to the following:   |  |
|  | JOSE ALVAREZ                                |  |  |
|  |   | Name of Contact Perso  | n  |
|  | HOSPITECH CORP                              |  |  |
|  | <del></del>                                 | Firm/ Company  |  |
|  | 7827 NW 53 ST                               |  |  |
|  |   | Address  | <del></del>  |
|  | DORAL FL 33166                              |  |  |
|  | <del></del>                                 | City/ State and Zip Cod  | e  |
|  |   |  |  |
| vent                                       | ashospitech@hotmail.com                     | 16.6.  |  |
|  | E-mail address: (to be u                    | sed for future annual report                                       | notification)  |
| For further information                    | on concerning this matter, pleas            | se call:   |  |
| JOSE ALVAREZ                               |   | 305<br>at (  | 989 6384   |
| Name                                       | of Contact Person                           |  | de & Daytime Telephone Number  |
| Enclosed is a check f                      | or the following amount made                | payable to the Florida Dep   | artment of State:  |
| S35 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) |
| Mailing Address                            |   |  | 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 Articles of Incorporation of

HOSPITECH CORP

| HOSFITECH CORF   |   |                                       |                           |
|--|---|---------------------------------------|---------------------------|
| (Name o  | of Corporation as currently                 | filed with the Florida Dept. of State | 2)                        |
| P17000024921   |   |                                       |                           |
|  | (Document Number of                         | Corporation (if known)                |                           |
| Pursuant to the provisions of section 607, its Articles of Incorporation:  | 1006, Florida Statutes, this I              | Florida Profit Corporation adopts the | following amendment(s) to |
| A. If amending name, enter the new na  | ime of the corporation:                     |                                       |                           |
| N/A  |   |                                       | The new                   |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa   | ation "Corp," "Inc," or "C                  | Co". A professional corporation name  |                           |
| B. Enter new principal office address, (Principal office address MUST BE A S   |   |                                       |                           |
| <ul> <li>C. Enter new mailing address, if appliance (Mailing address MAY BE A POST)</li> <li>D. If amending the registered agent an new registered agent and/or the new registered age</li></ul> | OFFICE BOX)<br>d/or registered office addre |                                       | 18 SEP 17 M B: 04         |
| <del>, .</del>   | N/A   |                                       |                           |
| Name of New Registered Agent   |   | · · · · · · · · · · · · · · · · · · · |                           |
|  |   |                                       |                           |
|  | (Florida sire                               | et address)                           |                           |
| New Registered Office Address:   | N/A   | , Florida_                            |                           |
|  | (   | City)                                 | (Zip Code)                |
| New Registered Agent's Signature, if c I hereby accept the appointment as regist   | ered agent. I am familiar w                 |                                       | osition.                  |
|  | Signature of New Re                         | rgistered 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 Doc        |                 |
|----------------------------|------------|-----------------|-----------------|
| X Remove                   | <u>V</u>   | Mike Jones      |                 |
| <u>X</u> Add               | <u>\$V</u> | Sally Smith     |                 |
| Type of Action (Check One) | Title      | <u>Name</u>     | <u>Addres</u> s |
| 1) Change                  | Р          | MELISSA ALVAREZ | 7827 NW 53 ST   |
| Add                        |            |                 | DORAL FL 33166  |
| X Remove                   |            |                 |                 |
| 2) Change                  | VP         | JOSE ALVAREZ    | 7827 NW 53 ST   |
| Add                        |            |                 | DORAL FL 33166  |
| X Remove                   |            |                 |                 |
| 3 ) Change                 | P          | JOSE ALVAREZ    | 7827 NW 53 ST   |
| X Add                      |            |                 | DORAL FL 33166  |
| Remove                     |            |                 |                 |
| 4) Change                  |            |                 |                 |
| Add                        |            |                 |                 |
| Remove                     |            |                 |                 |
| 5) Change                  |            |                 |                 |
| Add                        |            |                 |                 |
| Remove                     |            |                 |                 |
| 6) Change                  |            |                 |                 |
| Add                        |            |                 |                 |
| Remove                     |            |                 |                 |

| (Attach additional sheets, if necessary). | (Re specific)  |
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| provisions for implementing the amer      | nange, reclassification, or cancellation of issued shares,  ndment if not contained in the amendment itself: |
| (if not applicable, indicate N/A)         |  |
| 'A  |  |
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| The date of each amendment(s) ad   | option:   | , 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 be document's effective date on the Dep | ock does not meet the applicable statutory filing requirements, this dat partment of State's records.   | e will not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )  |                             |
| ■ The amendment(s) was/were ado<br>by the shareholders was/were sul        | nted by the shareholders. The number of votes east for the amendment(s) Ticient for approval.   | )                           |
|  | roved by the shareholders through voting groups. The following statemed each voting group entitled to vote separately on the amendment(s):  | nt                          |
| "The number of votes cast  | or the amendment(s) was/were sufficient for approval  |                             |
| by   | <u> </u>  |                             |
|  | (voting group)  |                             |
| ☐ The amendment(s) was/were ado action was not required.                   | pted by the board of directors without shareholder action and shareholde  | г                           |
| ☐ The amendment(s) was/were ado action was not required.                   | pted by the incorporators without shareholder action and shareholder  |                             |
| selected   | rector, president or other officer—if directors or officers have not been l, by an incorporator—if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary) | <del></del>                 |
|  | MELISSA ALVAREZ   |                             |
|  |   |                             |
|  | (Typed or printed name of person signing)   |                             |
|  | PRESIDENT   |                             |
|  | (Title of person signing)   |                             |