P17000024921

(Requestor's Name)
(Address)
(Address)
(C.b.)(C.b.)(7):=(D.b.) + (D.b.)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: HOSPITECH COR	P		
	MBER: P17000024921			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all com	respondence concerning this ma	tter to the following:		
	JOSE ALVAREZ			
		Name of Contact Persor	1	
	HOSPITECH CORP			
	-	Firm/ Company		
	7827 NW 53 ST			
		Address		
	DORAL, FL 33166			
		City/ State and Zip Code	:	
	ventashospitech@hotmail.com	n		
	E-mail address: (to be used for future annual report notification)			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·
For further informat	ion concerning this matter, pleas	se call:		SECRETARY OF STATE
JOSE ALVAREZ		at (989-6374	736 736 736
Name of Contact Person		Area Code & Daytime Telephone Number		— F 1 -
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	Fi
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	当代
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

HOSPITECH CORP

(Name of Corporation as currently filed with the Florida Dept. of State)	
217000024921	
(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 amendments Articles of Incorporation:	(s) t
A. If amending name, enter the new name of the corporation:	
The new	
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."	
3. 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)	
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:	
Nume of New Registered Agent	
(Florida street address) New Registered Office Address: New Registered Office Address: Florida	
(Florida street address)	
New Registered Office Address: Florida (City) (Zip Gode)	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	1
Signature of New Registered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

<u>X</u> Change	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP	Melissa Alvarez	7827 NW 53 ST
Add			DORAL 33166
X Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			SECRET ALLAND
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	
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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)	
	BECKETARY TALLARIA
	ZE ∰
	BECS ETARS TALLARIFS
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	EE FE
	

The date of each amendmen		, if other than the
date this document was signed	n. - 06/15/2023	
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 the Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we action was not required.	ere adopted by the incorporators, or board of directors without shareholder a	action and shareholder
	are adopted by the shareholders. The number of votes cast for the amendmenter sufficient for approval.	ent(s)
	ere approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s):	ement
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
06/15 Dated	5/2023	
Signature _ (f	By a director/president or other officer – if directors or officers have not be	en .
a a	elegted, by an incorporator – if in the hands of a receiver, trustee, or other oppointed fiduciary by that fiduciary)	
	JOSE ALVAREZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	hoza Ju SECRA

123 JUN 30 AH 7: 17
ECRETATO DE STATE
TALLAHA SEE, FL