P17000060659

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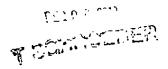
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SECRLIARY OF STATE FALLAHASSEE, FLORIDA



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: Technology Ento	erprises Inc.	
DOCUMENT NUM	1BER: P17000060659		
The enclosed Article	es of Amendment and fee are	submitted for filing.	
Please return all corr	respondence concerning this n	natter to the following:	
	Steven Bomser		
		Name of Contact Perso	on
		Firm/ Company	
	8211 West Broward Blvd. S	Surte 330	
	Plantation, FL 33324	Address	
		City/ State and Zip Coc	le
jon.l	oomser@gmail.com		
-	E-mail address: (to be	used for future annual repor	t notification)
	on concerning this matter, ple	ase call: 561	403 0766
Name	of Contact Person		ode & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fec	S43.75 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)
Am Div P.C	iling Address lendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle

Articles of Amendment to Articles of Incorporation of

Technology Enterprises Inc.							
	(Name of Corporatio	n as currently fi	led with the Florid:	Dept. of State))		
P17000060659							
	(Docume	ent Number of Co	orporation (if known))		-	
Pursuant to the provisions of sits Articles of Incorporation:	ection 607.1006, Florida	Statutes, this Flo	rida Profit Corporai	tion adopts the fo	ollowing	ameno	dment(s) to
A. If amending name, enter	the new name of the cor	poration:					
						ari .	
name must be distinguishabl "Corp.," "Inc.," or Co.," or word "chartered," "professio	the aesignation "Corp."	' "Inc." or "Co"	" A professional co	scorporated" or orporation name	46 m = 1	The r breviat ontain	
B. Enter new principal offic	 <u>e address, if applicable:</u>						
(Principal office address MU.	ST BE A STREET ADDI	RESS)					_
		-			SEU	19	_
C. Enter new mailing addre	 ess. if applicable:				프프	품	- n
(Mailing address MAY BI	A POST OFFICE BOX)			35≥	C 2	
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D. If amending the registere	d agent and/or registere	d office address	<u>in Florida, enter the</u>	e name of the	2	മാ	
new registered agent and	rue new registered o	ffice address:		V B	,		
Name of New Registe	red Agent						
		-					
		(Florida street a		 ·			
		(r tortaa street a	aaress)				
New Registered Office	Address:	·		Florida			
		(Ciņ	v)	-	(Zip Co	de)	•
New Registered Agent's Sign	ature, if changing Regis	tered Agent:					
hereby accept the appointmen	ulas registerea agent, [].	am familiar with	and accept the obliga	ations of the posi	tion,		
		Cat n					
	Signat	ure of New Regis	tered Agent, if chang	ing			

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	PT Johr	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
_X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Director	Michael Klausman	10775 Greenbriar Villa Drive
Add			Wellington, FL 33449
X Remove			
2) Change	Director	Keith Fleischer	12295 Rockledge Circle
X Add			Boca Raton, FL 33428
Remove			
3) Change	_		
Add			19 (
Remove			HASS C
4) Change			SSF C P
Add			
Remove			%
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets,	if necessary).	cles, enter change(s) here: (Be specific)		
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an amendment provid	es for an exch	ange, reclassification, or cancellation of issued shap	res.	
provisions for implement (if not applicable, in	nting the amer	ndment if not contained in the amendment itself:		
71				
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The date of each amendmen	t(s) adoption:	_, if other than the
date this document was signed		
Effective date if applicable:	10/30/19	
effective date it applicable:	(no more than 90 days after amendment file date)	
	("" "" " " " " " " " " " " " " " " " "	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this date will a he Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/wei must be separately provide	re approved by the shareholders through voting groups. The following statement ad 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	19 (
by	" " " " " " " " " " " " " " " " " " " "	· 원 게
	(voting group)	FIL DEC 23
☐ The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	90 is
10/30/ Dated	$\frac{d\theta}{dt}$	
Signature A	Stock Donald	
(B	y a director, president or other officer - if directors or officers have not been	•
se	lected, by an incorporator - if in the hands of a receiver, trustee, or other court	
aŗ	pointed fiduciary by that fiduciary)	
	Steven Bomser	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	····