P17000062462

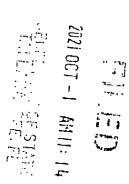
(Requestor's Name)
	Address)
•	Address)
	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
	Business Entity Name)
1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



500374155645

10/01/21--01007--001 **43.75





COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: ALGOMAT GROUP INC DOCUMENT NUMBER: P17000062462 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GOMEZ, ALEJANDRO Name of Contact Person ALGOMAT GROUP INC Firm/ Company 8335 NW 68TH ST Address MIAMI, FL 33166 City/ State and Zip Code info@algomatgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 6367222

Area Code & Daytime Telephone Number GOMEZ, ALEJANDRO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee **\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

TITION

Z_{∞}		<i>ر</i> ا
currently filed with the Florid	a Dept. 66 State) -	APT1: 14
		ለጠ ለማኔታታ
Number of Corporation (if known	i) TALLATA S	95 5 61 ± 288 FL
	ntion adopts the following	amendment
ration:		
ation," "company," or "incorpor "Co". A professional corpora on "P.A."	rated" or the abbreviation tion name must contain	The new n "Corp.," the word
<u></u>	-	
ffice address in Florida, enter t e address:	he name of the	
ri		
rioriaa sireet aaaress)		
(City)	Florida	ode)
ed Agent:	·	rac.)
of New Registered Agent, if chan	nging	
	Itember of Corporation (if known thes, this Florida Profit Corporation: ation: ation: ation: ation: ation: ation: ation: The address in Florida, enter the address: City) at Agent: familiar with and accept the obligation with and accept the obligation.	currently filed with the Florida Dept. 66 State) 1 -

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.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	Mandelblum, Manuel	8335 NW 68TH ST
Add			DORAL, FL 33166
X Remove 2) Change			
Add			
Remove 3) Change			
Add			-
Remove 4) Change			
Add			
Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary).	(Be specific)			
	•	• •			
	<u></u>		·		
			- ·	·····	 _
					-
			 		
<u></u> ;;		7		 _	-
					_
					<u>_</u>
		<u></u>			
			-		
.					
					
				_	
				 ·	
				<u> </u>	
f an amendment	provides for an excl	hange, reclassifi	ication, or cancell	ation of issued sha	res.
<u>provisions</u> for in	provides for an exc aplementing the amo	hange, reclassifi endment if not c	ication, or cancell contained in the a	ation of issued sha mendment itself:	res,
<u>provisions</u> for in	provides for an excluplementing the amount of the provides of the amount of the provides of th	hange, reclassif endment if not c	ication, or cancell contained in the a	ation of issued sha mendment itself:	res,
<u>provisions</u> for in	aplementing the amo	hange, reclassif endment if not c	ication, or cancell contained in the a	ation of issued sha mendment itself:	res,
<u>provisions</u> for in	aplementing the amo	hange, reclassifi endment if not c	ication, or cancell contained in the a	ation of issued sha mendment itself:	res,
<u>provisions</u> for in	aplementing the amo	hange, reclassif endment if not c	ication, or cancell contained in the a	ation of issued sha mendment itself:	res,
<u>provisions</u> for in	aplementing the amo	hange, reclassifi endment if not c	ication, or cancell contained in the a	ation of issued sha mendment itself:	res,
<u>provisions</u> for in	aplementing the amo	hange, reclassif	ication, or cancell contained in the a	ation of issued sha mendment itself:	<u>res,</u>
<u>provisions for in</u>	aplementing the amo	hange, reclassif endment if not c	ication, or cancell contained in the a	ation of issued sha mendment itself:	res,
<u>provisions for in</u>	aplementing the amo	hange, reclassif endment if not c	ication, or cancell contained in the a	ation of issued sha mendment itself:	res,
<u>provisions for in</u>	aplementing the amo	hange, reclassif endment if not c	ication, or cancell contained in the a	ation of issued sha mendment itself:	res,
<u>provisions for in</u>	aplementing the amo	hange, reclassif endment if not c	ication, or cancell contained in the a	ation of issued sha mendment itself:	res,
<u>provisions</u> for in	aplementing the amo	hange, reclassif endment if not c	ication, or cancell contained in the a	ation of issued sha mendment itself:	res,
<u>provisions</u> for in	aplementing the amo	hange, reclassif	ication, or cancell contained in the a	ation of issued sha mendment itself:	res,
<u>provisions</u> for in	aplementing the amo	hange, reclassif	ication, or cancell contained in the a	ation of issued sha mendment itself:	res,
<u>provisions</u> for in	aplementing the amo	hange, reclassif	ication, or cancell contained in the a	ation of issued sha mendment itself:	res,

٠.

٠.

The date of each amendment(s) adoption:date this document was signed.	, if other than
Effective date if applicable:	
	no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of S	meet the applicable statutory filing requirements, this date will not be listed as ate's records.
Adoption of Amendment(s) (CHE	CK ONE)
The amendment(s) was/were adopted by the in action was not required.	corporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap	areholders. The number of votes cast for the amendment(s) proval.
☐ The amendment(s) was/were approved by the s must be separately provided for each voting g	harcholders through voting groups. The following statement coup entitled to vote separately on the amendment(s):
"The number of votes cast for the amend	ment(s) was/were sufficient for approval
by(voting	
(voting	g group)
Dated 09/24/202	1
(By a director, preside	ont or other officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court y that fiduciary)
GOMEZ, AL	EJANDRO
	rped or printed name of person signing)
President —	Presipors.
(Τ	tle of person signing)