08:18 AM PDT

4/24/2019

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

(((H190000.134263 3)))

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN TECNOSPOT CORP

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Electronic Filing Menu

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APR 2 5 2019 C MCNAIR TO:18506176380 FROM:7862171243

Page:

Articles of Amendment Articles of Incorporation (((H190001342633)))

	of	
TECNOSPOT CORP	U.	
(Name of Corporate	tion as corrently filed with the Florida	Dept. of State)
18000020302		
(Docur	ment Number of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florid s Articles of Incorporation:	la Statutes, this Florida Profit Corporation	
Articles of fileorporation.		
If amending name, enter the new name of the co	orporation;	The enew corporated or the abbreviation
	1.0	The enew
me must be distinguishable and contain the wor Corp.," "Inc.," or Co.," or the designation "Corp	rd "corporation," "company, or inc o " "Inc " or "Co". A professional cor	rporation name must contain the
ord "chartered," "professional association." or the	abbreviation "P.A."	±1.
F-4		
Enter new principal office address, if applicable principal office address <u>MUST BE A STREET ADI</u>		

Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
If amending the registered agent and/or register		name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)
	(0.13)	(ZAP Code)
w Registered Agent's Signature, if changing Regi	istered Agent:	
ereby accept the appointment as registered agent.		tions of the position.
	·	
<u> </u>	nure of New Registered Agent, if changin	

(((H190001342633)))

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TO:18506176380 FROM:7862171243

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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: XChange	PT	John Doc	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One) 1) Change	<u>Title</u> DIR	Name BORGO CARRION, HORACIO A	Address 11927 SW 153RD CT
Change X Add Remove			MIAMI, FL 33196
2) Change Add Remove	- ,	<u> </u>	
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove		<u> </u>	
6) Change Add Remove			
		Page 2 of 4	(((H1900)34263A)

If amending	or adding additional A	rticles, enter change(s) her	<u>:</u>	
(Attach addit	ional sheets, if necessary). (Be specific)		
				<u> </u>
				
				· · · · · · · · · · · · · · · · · · ·
				···
	 			
····				
provision	dment provides for an or some for implementing the stapplicable, indicate NIA	<u>amendment if not contained</u>	or cancellation of issued shares, I in the amendment itself:	
(3 1.0.				

24/2019 08:16 Am P	04/01/2019	((H19000134 263)))) Page:
The date of each amendment(s) as date this document was signed. 04/	ioption:	· · · · · · · · · · · · · · · · · · ·	, if other than the
Effective date if applicable:			
	(no more than 90 days	after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable st epartment of State's records.	tatutory filing requirements, this date wi	ill not be fisted as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The numb officient for approval.	per of votes cast for the amendment(s)	
☐ The amendment(s) was/were approvided for	proved by the shareholders through vo each voting group entitled to vote se	oting groups. The following statement eparately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were suffi	icient for approval	
by		<u> </u>	
	(voting group)		
The amendment(s) was/were add action was not required.	opted by the board of directors withou	ut shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required. 04/24/201	opted by the incorporators without sh	areholder action and shareholder	
Dated	A93		
(By a d selecte	inctor/president or other officer - if dire d, by an incorporator - if in the hands of ted fiduciary by that fiduciary)		
	CESAR BARRMEYER		**
	(Typed or printed name of pe	rron signing)	
	DIRECTOR		

(CCH19000 1342633D)

(Title of person signing)