## P180000 35030

(F	Requestor's Name)	
<u> </u>	Address)	
	Address)	
(C	City/State/Zip/Phone	#)
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: AlphaTec Corp DOCUMENT NUMBER: P18000035030 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Marcos del Cristo Name of Contact Person AlphaTec Corp. Firm/ Company 12355 SW 129TH CT., STE 16 Address Miami, FL 33186 City/ State and Zip Code marcos@alphatec.us E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 ) 982-7391

Area Code & Daytime Telephone Number Marcos del Cristo 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 (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation

AlphaTec Corp.

of 2)15 C 7. 24 Pli 1:21

(Name	of Corporation as curre	ntly filed with the Florida Dept. of State)	
P18000035030			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 ts Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendm	ient(s)
A. If amending name, enter the new n	ame of the corporation:		
N/A		The ne	w
	nation "Corp," "Inc," or	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	on
A. P. Annuard at the Committee of the Market		N/A	
<ol> <li>Enter new principal office address, Principal office address <u>MUST BE A S</u></li> </ol>			
-	·		
Enter new mailing address, if appl		N/A	
(Mailing address MAY BE A POST	OFFICE BUX)		
		dress in Florida, enter the name of the	
new registered agent and/or the ne-		<u>:SS:</u>	
Name of New Registered Agent	N/A		
	(Florida	street address)	
	N/A	N/A	
New Registered Office Address:		(Ciny), Florida (Zip Code)	
		(inj)	
lew Registered Agent's Signature, if c	hanging Registered Age	nt:	
		r with and accept the obligations of the position.	
	Signature of New	Registered 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 Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sy</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	CFOS	Marcos del Cristo	17941 SW 115TH AVE
Add			Miami, FL 33157
Remove			
2) X Change	COO	Vicente Montcagudo	2880 W 73rd Terrace
Add			Hialeah, FL 33018
Remove			<del></del>
3) Change	-		
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
O CI			
6) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

(Att	mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)
N/A	
<del></del>	
F. <u>If a</u>	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
pr	ovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
N/A	

	N/A	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	/A	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more man 50 days after amenantem file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date we Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
10/21/20 Dated	19 	
Signature (	into	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Marcos del Cristo	
	(Typed or printed name of person signing)	<del></del>
	Chief Financial Officer	
	(Title of person signing)	