

(Re	equestor's Name)	_ -
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(Ci	ty/State/Zip/Phone	= #)
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: MICIROSYSTEMS FLORIDA, TOX
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Name of Contact Person Note: Firm/ Company Address Address THATH SSEE, FX 32301 City/ State and Zip Code BROCKHAM. SOMEWASUNTAWIS @ CHAIM. CM E-mail address: (to be used for future annual report notification).
For further information concerning this matter, please call: Signature State State State Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

Articles of Amendment

to

Articles of Incorporation

ille aire CVI - 10 - TIC.		
(Name of Corporation as currently filed with the Florida Dept. of State)	-	
(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 its Articles of Incorporation:	amendn	nent(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "compling," or "incorporated" or the abb "Corp.," "Inc.," or Co., " or the designation "Corp.," "Inc," or "Co". A professional corporation name must coword "chartered," "professional association," or the abbreviation "P.A."	The ne previatio putain ti	ov on he
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. 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:		
Name of New Registered Agent		
(Florida street address)		
New Registered Office Address:		
New Registered Office Address. (City) (Zip Co	ode)	
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 of the posi	2018 BUG 1 7 PM 1:	FILED
Signature of New Registered Agent, if changing	ري س	

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			<u></u>
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Ramaya			

(Attach additional sheets, if necessary). (Be specif	change(s) her fic)			
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re la constitución un colonne mod	ification o	e congollation	af icenad charac	
If an amendment provides for an exchange, recliprovisions for implementing the amendment if	not contained	in the amendi	nent itself:	
(if not applicable, indicate N/A)				
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	<u></u>			
			-	

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date <u>if applicable</u> :	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	•
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – it in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) (Typed or printed name of person signing)	·
(Title of person signing)	
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