P1800102879

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



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01/09/19--01004--002 **35.00

2019 JAN -9 PM 5: 58

C. GOLDEN

JAN 1 6 2019

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORP | ORATION: CONTECA INC | | |
|----------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| DOCUMENT NU | MBER: P18000102879 | | |
| The enclosed <i>Articl</i> | les of Amendment and fee are su | ibmitted for filing. | |
| Please return all cor | respondence concerning this ma | tter to the following: | |
| | NINOTCHKA HECHT | | |
| | | Name of Contact Persor | 1 |
| | JUST HIGH TECH CORP | | |
| | | Firm/ Company | |
| | 10544 NW 26TH ST SUITE | E-204 | |
| | | Address | |
| | DORAL FL 33172 | | |
| | | City/ State and Zip Code | 2 |
| asi | stentemiami@gmail.com | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further informa | tion concerning this matter, pleas | se call: | |
| NINOTCHKA HE | CHT | at (| 7622048 |
| Name of Contact Person | | Area Code & Daytime Telephone Number | |
| Enclosed is a check | for the following amount made | payable to the Florida Depa | artment of State: |
| S35 Filing Fee | □\$43.75 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) |
| A D P | Iailing Address Imendment Section Division of Corporations I.O. Box 6327 In allahassee, FL 32314 | Amend Divisio Clifton | Address ment Section on of Corporations Building xecutive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

| CONTECA INC | 2019 JAN -9 PM 5: 58 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| (Name of Corporation | as currently filed with the Florida Dept. of State) |
| P18000102879 | Grand Of State |
| (Documen | nt Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation: | statutes, this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corp | oration: |
| N/A | The new |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abo | "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: | N/A |
| (Principal office address MUST BE A STREET ADDRE | <u>ESS</u>) |
| | |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A |
| | |
| | |
| | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered off | |
| Name of New Registered Agent N/A | |
| Nume of New Registered Agent | |
| | (Florida atropa addition) |
| | (Florida street address) |
| New Registered Office Address: | Florida |
| | (City) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Register | torod Agents |
| I hereby accept the appointment as registered agent. La | am familiar with and accept the obligations of the position. |
| · · · · · · · · · · · · · · · · · · · | |
| | |
| | |
| Signatu | ure 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 | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | PT | ALEXIS BOSCAN | 10544 NW 26TH ST |
| Add | | | SUITE E-204 |
| X Remove | | | DORAL FL 33172 |
| 2) Change | PT | DAVID ROBERTY | 10544 NW 27TH ST |
| X Add | | | SUITE E-204 |
| Remove | | | DORAL FL 33172 |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
|)Change | | | 2 |
| Add | | | |
| Remove | | | |
| Change | | | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Art (Attach additional sheets, if necessary). | (Be specific) | |
|--------------------------------------------------------------------------------|------------------------------------------------------------|-------------|
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| If an amendment provides for an excl | hange, reclassification, or cancellation of issued shares, | |
| (if not applicable, indicate N/A) | endment if not contained in the amendment itself: | |
| | | |
| | ************************************** | |
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| . • | 12/18/2018 | |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| The date of each amendment(s) date this document was signed. | adoption: | , if other than the |
| | /18/2018 | |
| Effective date if applicable: | (no more than 90 days after amendment file date) | 1200 |
| Note: If the date inserted in this document's effective date on the | block does not meet the applicable statutory filing requirements, this dat Department of State's records. | e will not be listed as th |
| 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. |) |
| ☐ The amendment(s) was/were a must be separately provided j | opproved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s): | nı |
| "The number of votes ca | ist for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| ☐ The amendment(s) was/were a action was not required. | idopted by the board of directors without shareholder action and shareholde | г |
| The amendment(s) was/were a action was not required. | adopted by the incorporators without shareholder action and shareholder | |
| 01/02/26 | 919 | |
| DatedSignature | otrice. | |
| sele | a director, president or other officer – if directors or officers have not been cied, by an incorporator – if in the hands of a receiver, trustee, or other courbinted fiduciary by that fiduciary) | ı |
| | DANTE OSTEICOECHEA | |
| | (Typed or printed name of person signing) | ······································ |
| | VP | |
| | (Title of person signing) | |