## P19000017369

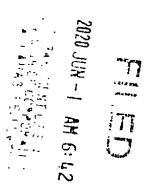
(Requestor's Name)	
(Address)	
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JUN 1 7 2020 S. YOUNG

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: HTE Contractors,	lnc.	
DOCUMENT NUN	1BER:		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Kandiss Williams		
		Name of Contact Persor	<u> </u>
	HTE Contractors, Inc.		
	<del></del>	Firm/ Company	_
	1791 Blount Road, Suite 603		
		Address	
	Pompano Beach, FL 33069		
		City/ State and Zip Cod-	e
	htecontractors@gmail.com		
		sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call: at (	402-2423
Name	of Contact Person	at ( Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depo	artment of State:
☐ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ailing Address		Address Iment Section
Di	vision of Corporations	Divisio	on of Curporations
	). Box 6327		entre of Tallahassee
I a	llahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

HTE Contractors, Inc.	
(Name of Corporation	on as currently filed with the Florida Dept, of State)
P190000017369	
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
	The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
B. Enter new principal office address, if applicables	
(Principal office address MUST BE A STREET ADD	RESS )
C. Enter new mailing address, if applicable:	- Table 1
(Mailing address MAY BE A POST OFFICE BO.	
	2
D. If amending the registered agent and/or register	
new registered agent and/or the new registered of	office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	stered Agent:
т неголу ассерт то арронитень as registered agent. Т	am familiar with and accept the obligations of the position.
ı	
Signa	ture of New Registered Agent, if changing

## 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 = Trustec; 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	Ezequiel Viant	210 Charley Avenue
XAdd			Fort Lauderdale, FL 33312
Remove			<del></del>
2) Change			***************************************
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<del></del>	
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary)				
	<del></del>		· · · — —	<del></del>
_		-		
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			<del>.</del>	
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	<del></del>			
If an amendment provides for an exch	ange, reclassification,	or cancellation of is:	sued shares,	
provisions for implementing the ame	ndment if not containe	d in the amendment	itself:	
(if not applieddy indicate M/4)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				

date this document was signed.	s) adoption: if other the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
	is block does not meet the applicable statutory filing requirements, this date will not be listed a Department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/we	adopted by the shareholders. The number of votes cast for the amendment(s) re-sufficient for approval.
	approved by the shareholders through voting groups. The following statement 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 Kandiss Williams	and Stephanie Perez
	(voting group)
sel	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
аբլ	
apı	Kandiss Williams
apı	(Typed or printed name of person signing)
<b>ս</b> թյ	