## P19000029377

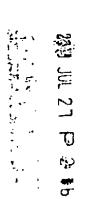
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MCTS SCIVICE SOLUTION CORP	
DOCUMENT NUMBER: <u>P19000</u> 29377	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MARCIO Lui Z Pinto Name of Contact Person	
Firm/ Company	_
1457 S. Kickman RD #1013  Address  ORlando - FL 32811	_
ORLando - FL 32811	
City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Contact Person at (321 ) 430-9919  Area Code & Daytime Telephone Numb	 er
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  \$35 Filing Fee Certificate of Status  \$43.75 Filing Fee Certified Copy (Certificate of Status Certified Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment

## Articles of Incorporation of

mCTS Service Solution Corp	المراجع المراجع المراجع المراجع المراج
(Name of Corporation as currently filed with the Florida Dept. of	State)
1190000d937) \$\frac{1}{2} \text{30L}	27 P 2: \$6
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adoptits Articles of Incorporation:	s the following amend
A. If amending name, enter the new name of the corporation:	
	The n
name must be distinguishable and contain the word "corporation," "company," or "incorporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation word "chartered," "professional association," or the abbreviation "P.A."	ed" or the abbreviati n name must contain t
B. Enter new principal office address, if applicable:	<del></del>
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
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 onew registered agent and/or the new registered office address:	<u>f the</u>
Name of New Registered Agent MACCO Lize Pinto	
1457 5. Ki (Km fm Rb # 1013 CR (Florida street address)	Lundo-FL 3 1511
New Registered Office Address:	orida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of	the position.
Signature of New Registered Agent, if changing	<del></del>

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, 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; CE Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of cheld. 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	MAURO M ARGUSO	1457 5. KICKMAN
Add			Rb # 1013
X Remove			ORLANDO FL 32811
2) Change	P	marcio Luiz Pinto	1457 S. KIKMAM RD
<u>⊀</u> Add			# 1013 Oklando
Remove			FL 32811
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ng additional Articles, ets, if necessary). (B	e specific)			
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an amendment pro	vides for an exchange	<u>e, reclassification, o</u>	<u>r cancellation of issi</u>	ued shares,	
ovisions for imple	menting the amendm	ent if not contained	in the amendment i	tseif:	
Cifront month on Eli	z, inaicaie N/A)				
(if not applicable					
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The date of each amendment(s) adoption:
Effective date if applicable: 06 24 7019
(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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
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 06 24 1 2019
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
Pie Sidut (Title of person signing)