## P21000036646

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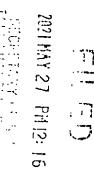
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07/1/2021 JH



## **COVER LETTER**

TO: Amendment Section Division of Corporations

3	<i>u</i> 22.5			
name of corporation: $\underline{LSPI}$	TECH CORP			
DOCUMENT NUMBER: P2100	30036646			
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Carl	ICS Espinoza			
	Name of Contact Person			
ESPITECH CORP				
15924	Citrus Groove Blud.			
	City/ State and Zip Code			
	City/ State and Zip Code			
ACT CI	ARIOS @ ESPTTECH CO			
E-mail address: (to be	ARLOS (© ESPITECH . CO eused for future annual report notification)			
For further information concerning this matter, pl	lease call:			
Carlos Espinoza  Name of Contact Person	at ( 56 ) 542-9894  Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

FILED

ESPITECH CORP	_ 2021 HAY 27 PH 12: 16
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
Pa10000	36646 MAC MACES
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
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 adnew registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida .	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
Signature of New	Registered Agent, if changing

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 = 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	PT Joh	ın Doe	
X Remove	<u>V</u> <u>Mil</u>	<u>ke Jones</u>	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	Carla Espinara	15924 Citros Cyrove BLKd.
_X_ Add			Loxahatchee, FL 77470
Remove			
2) Change			<del></del>
Add			
Remove Change			
Add			
Remove			
4) Change			<del></del>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<del></del>	
<del></del>	
<u> </u>	
<u> </u>	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(ij noi applicable, inalcale WA)	
	<del></del>

. . .

	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment	GI- J
	(no more than 90 days after amendment	file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☑ The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors witho	ut shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for ficient for approval.	or the amendment(s)
	oved by the shareholders through voting groups. The each voting group entitled to vote separately on the a	
"The number of votes cast f	or the amendment(s) was/were sufficient for approva	al
by	(voting group)	.» -•
	(voting group)	
Dated	24/21	
Signature	CCm	
(By a dir	ector, president or other officer – if directors or offic	
	by an inderporator – if in the hands of a receiver, trued fiduciary by that fiduciary)	ustee, or other court
-	(Typed or printed name of person signing)	
	(1 yped or printed name of person signing)	1
_	CEO	
	(Title of person signing)	