P21000042593

(Re	equestor's Name)				
(Ad	Idress)				
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(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	usiness Entity Nar	ne)			
(Do	ocument Number)	1			
Certified Copies	Certificates	s of Status			
Special Instructions to	Filing Officer:				
J DENNIS					
	FEB :	2 1 2023			
MC					

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: MVT TECH COR	P	
DOCUMENT NUM	P21000042593		<u> </u>
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	WILLIAM RAMOS		
	MVT TECH CORP	Name of Contact Person	1
	2370 31ST AVE NE	Firm/ Company	
	NAPLES FL 34120	Address	
		City/ State and Zip Code	2
	wrdiaz23@gmail.com	sed for future annual report	- ····································
	on concerning this matter, pleas	se call:	231-6740
William Ramos	of Contact Person	at (de & Daytime Telephone Number
	for the following amount made		,
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)
An Di P.C	neiling Address nendment Section vision of Corporations D. Box 6327 Ilahassec, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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MVI TECH CORP	at the Late of Planta Days of Control
· · · · · · · · · · · · · · · · · · ·	ntly filed with the Florida Dept. of State)
P21000042593	at Company (i Charana)
·	r of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
WR GROUP IN SWFL INC	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	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Frincipal office duaress <u>Mest De ASTREET AUDRESS</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 adnew registered agent and/or the new registered office address.	
Name of New Registered Agent	
(Florida	strect address)
New Registered Office Address:	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent: ar with and accept the obligations of the position.
Signature of New	v 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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	<u>nes</u>		
X Add	<u>sv</u>	Sally Sn	nith		
Type of Action (Check One)	Title		<u>Name</u>		Address
1) Change		_			
Add				-	
Remove					
2) Change		<u></u>		_	
Add				_	112
Remove 3) Change		_		-	
Add				_	
Remove				_	
4) Change		_		_	
Add					
Remove					
5) Change		_		_	
Add				_	
Remove				_	
δ) Change		_		_	
Add				_	
Remove				_	

	additional sheets, if i	necessary).	(Be specific)	ge(s) here:		
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provisi	endment provides ons for implementi not applicable, indic	ng the amen	nge, reclassific dment if not co	ntained in the am	endment_itself:	<u>(5)</u>
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	09/09/2022	
The date of each amendment(s)	deption:	, if other than
date this document was signed.	-	
	01/2022	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file dat	re)
Note: If the date inserted in this document's effective date on the D	plock does not meet the applicable statutory filing requireme epartment of State's records.	nts, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	opted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the aufficient for approval.	mendment(s)
must be separately provided fo	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendment for the amendment(s) was/were sufficient for approval	
by	(voting group)	
DatedO	1-09-2022 Illin Pur	
Signature	illin Pur	
(By a C selecte	rector, president or other officer – if directors or officers have d, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
	WILLIAM RAMOS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	