P21000083199

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Amend

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Matrixsilo IT Corp DOCUMENT NUMBER: P21000083199 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David A Dorsey Name of Contact Person David A Dorsey, CPA., PA Firm/ Company 6105 Main Street Address New Port Richey, FL 34653 City/ State and Zip Code david@davidadorsey.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727) 846-0556
Area Code & Daytime Telephone Number David A Dorsey Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filling Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment Articles of Incorporation

	of	
Matrixsilo IT Corp		
(Name of Corporation as cut	rrently filed with the Florida Dept. of St	<u>ate</u>)
P21000083199		
(Document Num	nber of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit Corporation</i> adopts t	he following amendment(s) to
A. If amending name, enter the new name of the corporation	on:	
N/A		The new
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered." "professional association," or the abbreviation "	o". A professional corporation name n	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
		202
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	00 1
		P 77 17 17 17 17 17 17 17 17 17 17 17 17
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		?? <u>he</u> ??
Name of New Registered Agent N/A		
(Flor	ida street address)	
New Registered Office Address:	, Flori	
	(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.

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)

Add

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 John Doe X Remove V Mike Jones X Add <u>SV</u> Sally Smith Type of Action Title Name 1 Address (Check One) Nilamben Thakar 4396 Reding Way, Lakeland, FL 31 1) ____ Change ___ Add Remove Nilamben Raval 4396 Reding Way, Lakeland, FL 31 Change __ Add ____ Remove 3) ____ Change ____ Add ___ Remove 4) ____ Change __ Add _ Remove 5) ____ Change $_$ Add _ Remove 6) ____ Change

(Attac	n <mark>ending or adding additi</mark> ch <i>additional sheets, if ne</i>	cessary). (Be spec	ific)		
N/A					
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F. <u>If ar</u>	amendment provides fo	or an exchange, rec	lassification, or ca	ncellation of issued	shares,
pro	visions for implementin (if not applicable, indica	g the amendment if te N/A)	not contained in i	ne amendment itsei	<u>I;</u>
N/A	(9	· · · · · ,			
					

The date of each amendment(s) date this document was signed.	-avpaun.	, if other than the
	29/2021	
у присти	(no more than 90 days after amendment file date)	
	•	
Note: If the date inserted in this document's effective date on the L	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder a	ction and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendme	mt(s)
"The number of votes cast	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s): for the amendment(s) was/were sufficient for approval	ement
by	(voting group)	
9/29/2021 Dated		
Signature	Alterial.	
selecte	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other coefficiently by that fiduciary)	n urt
	Nilamben Raval	
	(Typed or printed name of person signing)	· · · · · · · · · · · · · · · · · · ·
	President	
	(Title of person signing)	

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