## P23000002544

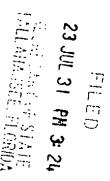
(Requestor's Name)
(Address)
(Address)
(1331033)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
AUG 2 5 2023
AUG 2 5 200
2023





300413018443

07/31/23--01040--001 \*\*\*5.00



## **COVER LETTER**

TO: Amendment Section

Division of Corporations UTK Consulting Services Inc. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: evonino A. Martinez 5185 Appenire Loop East E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (407) 724-2714

Area Code & Daytime Telephone Number 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 Filing 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 Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## Articles of Amendment to

Ā	rticles	of	Incor	poration

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

	Services mc.	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 "Co". A professional corporation i	" or the abbreviation "Corp., "
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)		
(Stating duaress <u>Stat BE A POST OPPICE BO</u>		
D. If amending the registered agent and/or register new registered agent and/or the new registered of Name of New Registered Agent	office address:	<del></del>
	(Florida street address)	
New Registered Office Address:		_, Florida
<u>New Registered Office Address:</u>	(City)	, Florida (Zip Code)
New Registered Office Address:  New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent.	stered Agent:	

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= 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 Doc 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	<u>PT</u>	John De	<u>e</u>		
X Remove	<u>V</u>	Mike Jones			
X Add	SV Sally Smith				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s	
1) Change		_			
Add					
Remove					
2) Change		_			
Add					
Remove 3 ) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
51 Change		_			
Add					
Remove					
6) Change	****	_			
Add					
Remove					

Anach additione	adding additional Il sheets, if necessa	iry). (Be specij	fic)			
<del></del> :						
		·				
<u>.</u>	1					
	<del></del> .					
		·	<del> </del>			
			1 1 2			
	<del></del>					
			<del></del>			
<del></del>						<del></del>
<u>f an amendmer</u>	<u>it provides for an</u>	exchange, recla	<u>issification, or ca</u>	incellation of issi	ued shares,	
provisions for	implementing the	amendment if i	<u>iot contained in t</u>	the amendment	<u>itself:</u>	
(у посаррі	icable, indicate N/.	-1)				
				-		
<del>_</del>				-		
					· · · · · · · · · · · · · · · · · · ·	
<del></del> -						
<del></del>						

,

The date of each amendment(s) adoption:	Sunt	9,2023	, if other than t	he
date this document was signed.	,			
Effective date if applicable:	6/9	9/23		
	no more than 90	days after amendment	file date)	
Note: If the date inserted in this block does not document's effective date on the Department of St		able statutory filing rea	quirements, this date will not be listed as t	he
Adoption of Amendment(s) (CHE	<u>CK ONE</u> )			
The amendment(s) was/were adopted by the in- action was not required.	corporators, or b	oard of directors witho	ut shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap		number of votes cast f	or the amendment(s)	
☐ The amendment(s) was/were approved by the s must be separately provided for each vo:ing gr			·	
"The number of votes cast for the amend	ment(s) was/wer	e sufficient for approva	ıl	
by				
	g groupi		-	
Dated6/9/23_				
(By a director, preside		er – if directors or offic		
selected.\by an incorp	orator – if in the	hands of a receiver, tr	ustee, or other court	
appointed fiduciary by	•			
$G_{i}$	eronin T	Martine ame of person signing	2_	
(T <sub>2</sub>	yped or printed n	ame of person signing	)	
$\rho$	resident	•		
	itle of person sig			