P2300001640S

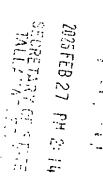
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: MCO TOOLS CO	RP			
	IBER: P23000016405			_	
	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	OSTERMAN F. NICOLAS				
		Name of Contact Persor			
	MCO TOOLS CORP				
		Firm/ Company			
		•			
	•	Address			
	12500 SW 130TH ST STE 2	1 MIAMI FL 33186			
		City/ State and Zip Code	2	— ~	
	INFO@ FOT	inesseven. Greed for future annual report	ow.	2025 FEB 27 F SECRETARY TALLARAS	
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, plea	se call:		RY O	
OSTERMAN F. NIC	COLAS	9 54	547-8034	Jumber = 1	
Name	of Contact Person	Area Co	de & Daytime Telephone N	lumber : =	
Enclosed is a check f	for the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 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)		
<u>M</u> :	ailing Address	Street	Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 of

MCO TOOLS CORP					
(Name	of Corporation as curren	tly filed with the Florida Dept. of Stat	<u>c</u>)		
P23000016405					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the	following amendment(s		
A. If amending name, enter the new n	ame of the corporation:				
70 TIMES 7 CORP			The new		
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association,"	Corp." "Inc," or "Co".	A professional corporation name mu	bbreviation "Corp.,"		
B. Enter new principal office address,	if applicable:	12500 SW 130TH STREET			
(Principal office address MUST BE A STREET ADDRESS)		STE 21			
		MIAMI FL 33186			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12500 SW 130TH STREET			
		STE 21			
	ı	MIAMI FL 33186	700 FE		
D. If amending the registered agent at			27		
new registered agent and/or the ne	•		- 경우 - 및 - 1		
Name of New Registered Agent	OSTERMAN F. NICOL.	AS	<u> </u>		
	12500 SW 130TH STE 2	2500 SW 130TH STE 21 MIAMI FL 33186			
	(Florida s	treet address)	 ·		
New Registered Office Address:		, Florida	1		
		(City)	(Zip Code)		
New Registered Agent's Signature, if a I hereby accept the appointment as regis			position.		
	Stand by New	Registered Agent, if changing			
Check if applicable The amendment(s) is/are being filed p	V pursuant to s. 607.0120.711	Ye) FS			
unionamonica insure being incu j	ALL DELIVER OF S. OUT. VIZU (11	J 10Jt 4 -17.			

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	PT	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add		_		
Remove				-

ttach <i>additional</i>	dding additional Article sheets, if necessary). (Be specific)			
			 .		
			* *************************************		
		 			
					
					
	• • •				
				····	
					
					
			•		
					
lf an amendment	provides for an exchan	ge, reclassification.	or cancellation of i	issued shares,	
provisions for in	nplementing the amend	ment if not contain	ed in the amendme	nt itself:	
(if not applic	able, indicate N/A)				
				·	-
		· · ·			
					
					
			<u> </u>		
•					

The date of each amendment(s) adop	otion:	, if other than th
date this document was signed.	2025	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depa	sk does not meet the applicable statutory filing requirements, terment of State's records.	his date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board of directors without shareholde	er action and shareholder
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amend cient for approval.	ment(s)
	ved by the shareholders through voting groups. The following s ch voting group entitled to vote separately on the amendment(s)	
"The number of votes cast for	r the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
02/17/202 Dated	25	
(By a directed, by a directed, by a directed, by a directed, by a directed by a direct	etor, president of other officer - if directors or officers have not by an incorporator - if in the hands of a receiver, trustee, or othe fiduciary by that fiduciary)	been er court
0	STERMAN F. NICOLAS	
	(Typed or printed name of person signing)	
PI	RESIDENT	
	(Title of person signing)	