

(Req	questor's Name)	
(Add	iress)	
	·	
(Add	dress)	
(City	//State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(5)	:	
(Bus	iness Entity Name)	
(Doc	cument Number)	
Certified Copies	Certificates of	of Status
· ———		
Special Instructions to Filing	g Officer:	
		İ

Office Use Only



300417149883

10 MB/CD -- 00912 P12 ++48.75

FILED 2023 OCT 12 PM 2: 39

RECEIVED

DIVISION OF LAFT ORATIONS

COVER LETTER

TO: Amendment Section .Division of Corporations

Tallahassee, FL 32314

.

NAME OF CORPORATION: Computer Manusement Sarvices of FL. Kays
DOCUMENT NUMBER: P 980000 707 91
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Computer Mongany 103 Hood Aira Address Fort Walton Bh, FL 32548 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (305) 304-1336 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

Computar Managamunt Sarric (Name of Corporation as currently	Florida Davida State)
P 950000 70791	thed with the Florida Dept. of State)
$\frac{130000 + 341}{\text{(Document Number of })}$	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N / A.	The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	103 Hood Ava SE Fort Walton Bh FL 32548
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	103 Hood AV& SE Fort Watton Bh, FL 32548
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent	ess in Florida, enter the name of the
(Florida stree	et address)
New Registered Office Address: N/A.	. Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second s	ith and accept the obligations of the position. The position of the position

Check if applicable

 \square 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 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add Remove 2) Change Add	_b	Jitka Hrubetova GUERRX	103 Hood Are SF Fort Walton Bh, FL 32548
Remove 3) Remove Change			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
v / k	
·	
100	
If an amandment provider for an exch	nange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· .	
<u>'</u>	
· · · · · · · · · · · · · · · · · · ·	

•

	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date	
•	(no more than 90 days after amendment file date	e)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without sharely	holder action and shareholder
☐ The amendment(s) was/were act by the shareholders was/were:	dopted by the shareholders. The number of votes east for the arsufficient for approval.	nendment(s)
	oproved by the shareholders through voting groups. The follower each voting group entitled to vote separately on the amendment	
"The number of votes cas	it for the amendment(s) was/were sufficient for approval	
by	<u>,"</u>	
	(voting group)	
select	director, president or other-officer = if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or	
аррог	nted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Title of person signing)	