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R. NOH'TE JAN 27 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LTI, Inc.	<u> </u>	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUM	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Timothy Shippee		
		Name of Contact Persor	
	Hathaway & Reynolds, PLLO	C	
		Firm/ Company	
	50 A1A North, Suite 108		
		Address	
	Ponte Vedra Beach, FL 3208	2	
		City/ State and Zip Code	
	phillipmerceradams@gmail.c	com	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter. pleas		280-5526
	of Contact Person	at (904	280-5526 de & Daytime Telephone Number
	r the following amount made		•
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

LTI, inc.	21.6 IN 57 5:05
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
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)	
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 ad new registered agent and/or the new registered office address	dress in Florida, enter the name of the ss:
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent.—I am familiar	nt: with and accept the obligations of the position.
Signature of New .	Registered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	

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	PI Joh	in Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>ŞV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PRES	Thomas G. Ayres	747 Marshview Drive
Add			Jacksonville Beach, FL 32250
Remove 2) Change	р ———	Nicholas Ortenzi	4462 Crooked Brook Court
X Add			Jacksonville, FL 32224
Remove 3) Change	CFO	Lauren Ortenzi	4462 Crooked Brook Court
X Add			Jacksonville, FL 32224
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate NA)		rticles, enter change(s) here: (Be specific)
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	provisions for implementing the ame	endment if not contained in the amendment itself:
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	(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	provisions for implementing the ame	endment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

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The date of each amendment(s) date this document was signed.	adoption:, if other than the
Effective date if applicable:	
in applicable.	(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 date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were apmust be separately provided for	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	it for the amendment(s) was/were sufficient for approval
by	•
	(voting group)
Dated	11.2020 Mic 2 4
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	Nicholas Ortenzi
	(Typed or printed name of person signing)
	President
	(Title of person signing)