547251

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(Ci	ity/State/Zip/Phon	e #)
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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MICRO COMPUT	ER SYSTEMS OF SOUTH	WEST FLORIDA, INC.
DOCUMENT NUM	BER:		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Joel A. Threlkeld, Esq.		
		Name of Contact Person	
	Threlkeld Law, P.A.		
		Firm/ Company	···
	3003 Tamiami Tr. N., Suite 2	100	
		Address	
	Naples, FL 34103		
		City/ State and Zip Code	
	Joel@napleslegal.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call: at (234 - 5034
Name	of Contact Person	at (Area Cod	le & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment 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)
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

(Name of Corporation as current	tly filed with the Florida Dept. of State)
S47251	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
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:	28
(Principal office address MUST BE A STREET ADDRESS)	<u></u>
	
C. Enter new mailing address. if applicables	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
O. If amonding the registered anather added a sixty 1.55	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the
	_
Name of New Registered Agent	
~	
(Florida str	reet address)
New Registered Office Address:	, Florida
	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar was registered agent.	<u>:</u>
nereas accept the appointment as registered agent. I am juminar s	wan and accept the obligations of the position,
Signature of New R	Registered Agent, if changing
Check if applicable	

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	V	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Meek, Steven	2553 Longboat Dr.
Add			Naples, FL 34104
X Remove 2) Change	Т	Meek, Mary	2553 Longboat Dr.
Add			Naples, FL 34104
X Remove 3 Change	<u>s</u>	Meek, Mary	2553 Longboat Dr. Nuples, FL 34104
Add X			
	PVTS	The Meek Family Living Trust	2553 Longboat Dr.
X Add			Naples, FL 34104
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 N/A)	
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(if not applicable, indicate N/A)	

The date of each amendment(s) a date this document was signed.	doption:		, if other than the
Effective date if applicable:			
	(no more than	90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the D		licable statutory filing requirements, this 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	r board of directors without shareholder action and	shareholder
The amendment(s) was/were ad by the shareholders was/were s		the number of votes cast for the amendment(s)	
		nrough voting groups. The following statement o vote separately on the amendment(s)	
"The number of votes cast	for the amendment(s) was/w	vere sufficient for approval	
by			
	(voting group)		
Octobe Dated	er 6, 2020		
Signature	17000		
(By a c	firestor, president or other off d by an incorporator – if in t ited fiduciary by that fiduciar	ficer – if directors or officers have not been the hands of a receiver, trustee, or other court y)	_
	Joel A. Threlkeld, Esq	Atty-in-Fact	
	(Typed or printed	d name of person signing)	
	Attorney for Steven and Ma	rry Meek	
	(Title of person s	signing)	