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AUG 14 2017 S. YOUNG



## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: \_ FACEY TELECOM INTERNATIONAL, INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: OLIVER J. LANGSTADT, ESQ. Name of Contact Person OLIVER J. LANGSTADT, P.A. Firm/ Company 1108 PONCE DE LEON BOULEVARD Address CORAL GABLES, FL 33134 City/ State and Zip Code LANGSTADT@LANGSTADTLAW.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **OLIVER J. LANGSTADT** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address

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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

(Name of Companies as assessed	ntly filed with the Florida Dept. of State)
P02000116367	nty med with the Fiorida Dept. of State)
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If smending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
	<del></del>
Name of New Registered Agent	
(Florida s	(treet address)
New Registered Office Address:	. Florida
New Regimeren Office Radaress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent. I am familian	
Signature of New	Registered Agent, if changing

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 \Rightarrow President; V * Vice President; T \Rightarrow Treasurer; S = Secretary; D - Director; TR \cdot Trustee; C - Chairman or Clerk; CEO = Chief Executive Officer; CFO \( \text{--} 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 PSF 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	<u>PT</u>	John Doe	
$\underline{X}$ 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
I) Change	SEC	BEATRIZ O'GRADY	11411 NW 107 STREET
Add			SUITE 24
X Remove			MIAMI, FL 33178
2)Change	SEC	SANDI SHAW	11411 NW 107 STREET
X Add			SUITE 24
Remove			MIAMI, FL 33178
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
	<u> </u>			
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f an amendment provides for an exch	ange, reclassification,	or cancellation of is	sued shares,	
provisions for implementing the ame (if not applicable, indicate No.4)	<u>idment if not containe</u>	d in the amendment	<u>itself:</u>	
				,

JULY 31, 2017	
The date of each amendment(s) adoption:	, if other than the
JULY 31, 2017	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s date will not be listed as the
Aduption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following star must be separately provided for each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	r
Dated AUGUST 3, 2017 Signature	
(By a director, president of other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other	
appointed fiduciary by that fiduciary)	Jourt
NIALL OBRIEN	
(Typed or printed name of person signing)	<del></del>
DIRECTOR	
(Title of person signing)	