

P040000098372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

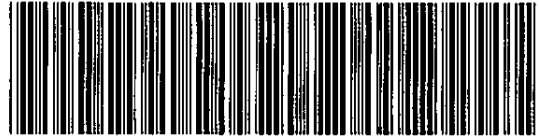
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP -8 PM 3:38

T Roberts SEP 10 2009



**Michael J. Rich, P.A.**

*Attorney at Law*  
*also licensed in Ohio*

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September 3, 2009

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

RE: Metro One PCS & Cellular, Inc.

Dear Sir/Madame:

Please find enclosed the amendments to the above referenced corporation. If you have any further questions, please contact my office.

Sincerely,



Michael J. Rich, Esq.

**COVER LETTER**

**TO:** Amendment Section  
· Division of Corporations

**NAME OF CORPORATION:** METRO ONE PCS + CELLULAR, INC

**DOCUMENT NUMBER:** P 04000098372

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SEAN SHAPPER  
Name of Contact Person

METRO ONE PCS + CELLULAR, INC  
Firm/ Company

15841- PINES BLVD #318  
Address

PEMBROKE PINES FL 33027  
City/ State and Zip Code

SEAN@METROCELLUSA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEAN SHAPPER at (239) 777-2008  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |                                                     |                                                                        |                                                                                                  |                                                                                                                         |
|-----------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is enclosed) |
|-----------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|

**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



**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)*

| <u>Title</u>    | <u>Name</u>          | <u>Address</u>                                                                | <u>Type of Action</u>                                                      |
|-----------------|----------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <u>D</u>        | <u>ELIAS MONTEZA</u> | <u>1451-SW 48 TERR</u><br><u>DEERBROOK BEACH FL</u><br><u>33442</u>           | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| <u>Sec-VP-D</u> | <u>SANA RASHID</u>   | <u>22-SE 20<sup>th</sup> CT</u><br><u>CAPE CORAL FL 33990</u>                 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| <u>T</u>        | <u>SEAN SHAFER</u>   | <u>15954-SW 8<sup>th</sup> ST</u><br><u>DEMBROKE PINES FL</u><br><u>33027</u> | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

**F. 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)*

The date of each amendment(s) adoption: September 3, 2009  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated September 3, 2009

Signature \_\_\_\_\_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

SEAN SHAFER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)