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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED ANO APPROVED





TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SKYTALKS, INC							
DOCUMENT NUMBER: P05000084980							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
GERARDO VILLAFANE							
Name of Contact Person							
SKYTALKS, INC							
Firm/ Company							
19148 HIBISCUS STREET							
Address							
WESTON, FL 33332 City/ State and Zip Code							
gvillafane@aatps.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
GERARDO VILLAFANE at (305) 989-6631							
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:							
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)							
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301							

Articles of Amendment to

	Articles of incorporati	IOIL			
Skiltal	KS. To	(
(Name of Corporation as current	ly filed with the Florida D	ept. of State)		-	
20500	084980	,			٠
(Document Number	er of Corporation (if known)		· · · · · ·	-	
Pursuant to the provisions of section 607.1006, Fluits Articles of Incorporation:	orida Statutes, this <i>Florida</i> .	Profit Corporation add	ppts the followin	g amendment(s	s) to
A. If amending name, enter the new name of the	<u>te corporation:</u>				
				_The new	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "Co". A	npany," or "incorpor professional corporat	cated" or the a ion name must	hbreviation contain the	
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)	able: ADDRESS)			-	
				-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>			-	
D. If amending the registered agent and/or reg new registered agent and/or the new registered	ristered office address in F ered office address:	lorida, enter the nam	e of the	i jall. Sec	:
Name of New Registered Agent				UL -9 RETARY AHASSE	ATTICE AN
	(Florida street addre	rss)			
New Registered Office Address:	(City)	, Florida	(Zip Code)	2: 59 STATE FLORID	n
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	ent. I am familiar with and		of the position.	Þ	
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 = 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 <math>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	D	DAVID VELASQUEZ	19148 HIBISCUS ST
Add			WESTON, FL 33332
Remove			
2) Change			
Add			
Remove			
3) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
110 11 10 10 10 10 10 10 10 10 10 10 10	
	<u> </u>
If an amendment provides for an exch- provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:
	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 indorparators without shareholder action and shareholder action was not required. Dated JULY 7, 2014 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.)	
GERARDO VILLAFANE	
(Typed or printed name of person signing)	
REGISTERED AGENT	
(Title of percon signing)	