P12000023239

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: CELLULA	RS 4 CUBA, INC		·
DOCUMENT	NUMBER: P12000023239			
	rticles of Amendment and fee	are submitted for filin	ıg.	
Please return ail	correspondence concerning t	his matter to the follow	wing:	
	ANISLEY CARVAJA	.1.		
	•	Name of Co	ntact Persoi	1)
	CELLULARS 4 CUBA	A. INC		
		Firm/ Co	ompany	·
	806 E 32ND ST			
		Add	ress	_
	HIALEAH, FL 33013			
		City/ State at	nd Zip Cod	e
	ANISLEY2384@YAI	IOO.COM		
	E-mail address: (t	o be used for future an	nual report	notification)
For further infor	mation concerning this matte	r, please call:		
ANISLEY CAF	RVAJAL	at (305	799-3835
Name of Contact Person			Area Co	de & Daytime Telephone Number
Enclosed is a ch	eck for the following amount	made payable to the F	lorida Depa	artment of State:
S35 Filing l	Fee □S43.75 Filing F Certificate of St		opy	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The Control 2415 1	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently for P12000023239 (Document Number of Corporation of Section 607.1006, Florida Statutes, this Florida S	2023 1:07 14 P11 5: 00
(Document Number of Coursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orporation (if Known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> is Articles of Incorporation:	orporation (if known)
s Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
IA MULTISERVICES, INC	The new
ame must be distinguishable and contain the word "corporation," "con Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p chartered," "professional association," or the abbreviation "P.A."	npany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u></u>
 If amending the registered agent and/or registered office address 	s in Florida, onter the nume of the
new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
rame of then Registered Agent	
(Florida street	address)
(1 to tau siree)	auar e.a.y
New Registered Office Address: (Ci	, Florida (iy)
(CI	(2.1p \.oue.)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Regi	stered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e),	

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	PT	<u>John Do</u>	<u>ne</u>		
X Remove	<u>v</u>	Mike Jo	ones .		
X Add	<u>sv</u>	Sally Sn	nith		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change				-	
Add					
Remove				_	
2) Change				-	
Add				,	
Remove 3) Change		_		-	
Add					
Remove				_	
4) Change		_			
Add					
Remove				_	
5) Change					,
Add					
Remove				_	
6) Change		_		-	
Add				,	
Remove					

Auach <i>aadthonal st</i>	neets, if necessary).	(Be specific)				
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'an amandmant n	rovides for an excl	hanga yaalaasifi	antian an annaall	ation of icound a	hanse	
provisions for imp	lementing the ame	ndment if not co	ontained in the a	mendment itself	<u>nares,</u> :	
(if not applical	ole, indicate N/A)	<u>-</u>	- <u> </u>		_	
				_		
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					•	
		-			-	

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	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requirements epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareho	lder action and shareholder
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the ame ufficient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by ANISLEY CARVAIA	L - ALEXANDER AROCHE	
Dy	(voting group)	
11/08/2023 Dated	arcutor, president or other officer – if directors or officers have n	
selecte	freptor, president or other officer — if directors or officers have n d, by an incorporator — if in the hands of a receiver, trustee, or of ted fiduciary by that fiduciary)	ot been her court
	ANISLEY CARVAJAL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	···-