P13000039347

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number))
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N:TELS INC.					
DOCUMENT NUMBER: _	P13000039347					
The enclosed Articles of Ame	ndment and fee are su	bmitted for filing.				
Please return all corresponder	ce concerning this ma	tter to the following:				
		PERMIT DEPARTM	MENT			
	•	Name of Contact	Person	1111111111		
	SIMPLEX GROUP					
	Firm/ Company					
	5800 NW 74TH AVE					
	Address					
<u> </u>	MIAMI, FL 33166					
		City/ State and Zip	p Code			
	dloniero@	simplexgroup.net				
E-	mail address: (to be us	sed for future annual r	report not	tification)		
For further information conce	rning this matter, pleas	se call:				
DORIS LONTERO		at (<u>30</u>	105)	599-8287		
Name of Conta	act Person	Ar	rea Code	& Daytime Telephone Number		
Enclosed is a check for the fol	lowing amount made	payable to the Florida	a Departn	nent of State:		
	\$43.75 Filing Fee & Certificate of Status			\$52.50 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) P13000039347		-	
P13000039347			
		_	
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> acits Articles of Incorporation:	dopts the followin	g ame	ndment(s)
A. If amending name, enter the new name of the corporation:			
		The	new
name must be distinguishable and contain the word "corporation," "company," or "incorpo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corpora word "chartered," "professional association," or the abbreviation "P.A."	orated" or the a ation name must	_ bbrevi	ation
B. Enter new principal office address, if applicable:	,	_	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	والمراجع المطلب	س .	
	> 73 - CO	_	
	10	- 🖳	gger-rait
C. Enter new mailing address, if applicable:	% 7 %	Ċ)	manta.
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	_ =====================================	11:
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		_	
		_	•
 If amending the registered agent and/or registered office address in Florida, enter the nan new registered agent and/or the new registered office address: 	ne of the		
new registered agent and/or the new registered office address:			
Name of New Registered Agent	•		
	-		
(Florida street address)			
New Registered Office Address:, Florida		_	
(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligation	s of the position.		
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 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	<u>!</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jon	<u>ies</u>	
X Add	<u>sv</u>	Sally Sm	i <u>th</u>	
Type of Action (Check One)	Title]	<u>Name</u>	Address
1) Change	<u></u>		Consuelo Mercedes Azcuy	8899 SW 82 ST
			•	MIAMI, FL 33173
Remove				
2) Change	<u></u>			
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		 .		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Ramove				

(Attach additional sheets, if necessary). (Be specific)	
	
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. If an amendment provides for an exchange, reclassification, or cancellation of issued sha	Mac
provisions for implementing the amendment if not contained in the amendment itself:	103,
(if not applicable, indicate N/A)	
(y not apprount, material (n/1)	
	· · · · ·
	

The date of each amendment(s) adoption: 07/11/2013	, if other than the
date this document was signed.	
Effective date if applicable: 07/12/2013	
(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 by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"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.	lder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Signature	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other controls.)	
appointed fiduciary by that fiduciary)	,
ANDREJA NIKOLIC	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	