P0000018489

| (Re | equestor's Name) | |
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| (Ad | dress) | - 142 |
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| (Cit | ty/State/Zip/Phone | ÷#) |
| PICK-UP | ☐ WAIT | MAIL. |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



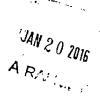
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01/20/16--01031--018 **10.00

11/23/15--01027--022 **25.00

16 JAN 20 PH 3: 20
SECRETARY OF STATE
TALLAHASSEE, FLORID,





FLORIDA DEPARTMENT OF STATE Division of Corporations

December 23, 2015

GUILLERMO PEREZ 2nd mailing TERRA NETWORKS OPERATIONS, INC. 4500 BISCAYNE BLVD - STE. 201 MIAMI, FL 33137

SUBJECT: TERRA NETWORKS OPERATIONS, INC.

Ref. Number: P00000018689

We have received your document for TERRA NETWORKS OPERATIONS, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 815A00024836

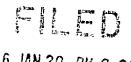
COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| NAME OF CORPORATION: TEYYOR NITWOYKS OPERATIONS, INC. DOCUMENT NUMBER: POOCOCO 18689 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Guillermo Perez Name of Contact Person |
| Terra Networks Operations, Inc. |
| 3910 Alhambra Circle Suite 5700 |
| Cora) Gables, FL, 33134 City/ State and Zip Code |
| Guillermo, Pere 7. Q US, Corp. terro. Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Leslie 7,901 at (305) 789-2770 |
| 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 Certified Copy (Additional Copy is enclosed) \$252.50 Filing Fee Certificate of Status \$252.50 Filing Fee Certificate |

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 to Articles of Incorporation



| <u></u> | of | • | 10 JAN 2 | 0 PH 3:20 |
|--|-------------------------|---------------------------------------|--|---|
| Terra Netwo | rks Op | erations | TYCCRETA | KY OF STATE |
| (Name of Corpor | ation as currentl | y filed with the F | lorida Dint of St | REE. FLORIDA |
| 100000 | 2181089 | | | |
| , (Doc | sument Number of | f Corporation (if k | nown) | |
| rsuant to the provisions of section 607.1006, Flor Articles of Incorporation: | rida Statutes, this i | Florida Profit Col | rporation adopts t | he following amendmen |
| If amending name, enter the new name of the | : corporation: | | | |
| | | | | The new |
| me must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Ca ord "chartered," "professional association," or t | orp," "Inc," or " | Co". A professio | or "incorporated" mal corporation n | " or the abbreviation name must contain the |
| Enter new principal office address, if applications of the address | | | | _ _ |
| rincipal office address <u>MUST BE A STREET A</u> | DDKESS) | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I | ₽AVI | | | |
| (muning numers MAT DE A FOST OFFICE E | <u>301</u>) | · · · · · · · · · · · · · · · · · · · | | |
| | | | | |
| | | | | |
| If amending the registered agent and/or registered new registered agent and/or the new registered | | | iter the name of t | <u>he</u> |
| | va villeo udal pao | 4 | | |
| Name of New Registered Agent | | | | |
| | | | <u></u> | |
| | (Florida str | reet address) | | |
| New Registered Office Address: | | (City) | , Florid | |
| | | (CIŢ) | | (Zip Code) |
| | | | | |
| w Registered Agent's Signature, if changing R | Registered Agent | • | | |
| ereby accept the appointment as registered agent | t. I am familiar v | with and accept the | e obligations of the | e position. |
| | | | | |
| | | | | |
| <u> </u> | ignature of New E | Registered Agent. is | f changing | |
| | ANTIONICAL OF LIBERT AT | ORIGINAL ON TIRE!!! . !! | / U//W/IA///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 | <u>PT</u> | John Do | <u>\$</u> | |
|-------------------------------|--------------|----------|----------------------------|---|
| X Remove | ¥ | Mike Jo | nes | |
| _X Add | <u>sv</u> | Sally Sm | <u>nith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| 1) Change Add | VP | - | Paulo Castro | 396 Alhambra Circles Staite 5700 |
| Remove 2) Change | CEO | 2 Fr | ancisco Javier Castro Peri | Coral Gabia, FL, 33134 22 396 Alhambra Circle |
| Add Remove 3) Change | | | | Suite S700 Coral Gables, FL, 33134 |
| Add | | _ | | |
| 4) Change | - | _ | • | |
| Remove | | | | |
| 5) Change Add | | _ | | |
| Remove 6) Change | | | | |
| Add | | _ | | |

| The date of each amendment(s) ad date this document was signed. | option:, if other than the |
|--|--|
| Effective date if applicable: | |
| | (no more than 90 days after amendment file date) |
| Note: If the date inserted in this bl document's effective date on the Dep | ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records. |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were adop by the shareholders was/were suf | pted by the shareholders. The number of votes cast for the amendment(s) Ticient for approval. |
| | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast i | or the amendment(s) was/were sufficient for approval |
| by | , n |
| • | (voting group) |
| ☐ The amendment(s) was/were adopaction was not required. | pted by the board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were adopaction was not required. | pted by the incorporators without shareholder action and shareholder |
| Dated/_ | 2/2012 |
| Signature | Julleur have |
| | rector, president or other officer – if directors or officers have not been I by an incorporator – if in the hands of a receiver, trustee, or other court |
| | d fiduciary by that fiduciary) |
| | Guillemo Pere 7. (Typed or printed name of person signing) |
| | Divertor of Technologya (Title of person signing) |