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Amend

MAR 1 7 2017

ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ____ DOCUMENT NUMBER: P01000121040 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Namema Amendi Name of Contact Person Telecommunications Management Group, Inc. Firm/ Company 1600 Wilsin Blvd., Suite 710 Address Arlington, VA 22209 City/ State and Zip Code namendi@tmgtelecom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at.(703) 224-1501

Area Code & Daytime Telephone Number Namema Amendi Name of Contact Person. Money Order
Enclosed is a shock for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & □\$43,75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CINCO TELECOM CORP.					
(Name	of Corporation as curren	tly filed with the Florida Dept. a	f State)		
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this	s Florida Profit Corporation adop	its the following	amendine	ent(s)
A. If amending name, enter the new n	name of the corporation:				
N/A			3	The new	v
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associa	nation "Corp," "Înc," or	"Co". A professional corporation	ted" or the abb on name must co	reviation intain the	1 2
B. Enter new principal office address (Principal office address MUST BE A.)		N/A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· N/A	ACC AH	2017 MAI	
			AR Y	<u></u>	F
			in en	7	П
D. If amending the registered agent a new registered agent and/or the new registered agent and registered agent	nd/or registered office add w registered office addres	ress in Florida, enter the name o	of the		Œ
Name of New Registered Agent	NI/A	_	>		
Hame of Hen Wekmelen Ween	· · ·				
	(Florida și	reet address)			
New Registered Office Address:	N/A	 	lorida		
		(City)	(Zip Co.	de)	
New Registered Agent's Signature, if o	hanging Registered Agent	+•			
I hereby accept the appointment as regis			the position.		
	Signature of New 1	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 Doc	
X Remove	¥	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	•
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	D	Jose Federico Escobar	2500 NW 107 AVENUE
Add			SUITE 208
X Remove			MIAMI, FL 33172
2) Change	D	Carlos Mario Tobon	2500 NW 107 AVENUE
X. Add	·		SUITE 208
Remove			MIAMI, FL 33172
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/À	
The amendment provides for an eych	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
γA	

The date of each amendment(s) adoption:	February 13, 2017	, if other than the
date this document was signed.		
Effective date if applicable: Februa	ary 13, 2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department of	ot meet the applicable statutory filing requirements, this di State's records.	ate will not be listed as the
Adoption of Amendment(s) (CH	(ECK ONE)	
☑ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment (approval.	(s)
	e shareholders through voting groups. The following statem group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amen	ndment(s) was/were sufficient for approval	
by	."	
(vol.	ing group)	
☐ The amendment(s) was/were adopted by the laction was not required.	board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were adopted by the in action was not required.	incorporators without shareholder action and shareholder	
Dated HORFE Se	2017	
Signature	de la constante	
(By a director, president)	dent or other officer – if directors or officers have not been rporator – if in the hands of a receiver, trustee, or other cour by that fiduciary)	t
Seo,	20 Lolo Gufierre 2 Typed or printed name of person signing)	
70	Typed or printed name of person signing)	
Finan	(Title of person signing)	
·	(Title of person signing)	