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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: Cinco Telecom Con	rp.	
DOCUMENT NUME	BER: P01000121040		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Matthew Greenspan		
	- <u> </u>	Name of Contact Person	
	Telecommunications Management Group, Inc.		
	Firm/ Company		
	1600 Wilson Boulevard, Suite	e 660	
		Address	
	Arlington, Virginia 22209		
	······································	City/ State and Zip Code	;
	mgreenspan@tmgtelecom.com	m	
		ed for future annual report	notification)
For further information Matthew Greenspan	n concerning this matter, pleas		224-I50I
Name (of Contact Person	at ()
	r the following amount made		
■ \$35 Filing Fcc	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section ision of Corporations Box 6327 ahassee, FL 323 14	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

Cinco Telecom Corp.			
(Name o	f Corporation as currently	y filed with the Florida Dept. of State)	
P01000121040			***
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:		Florida Profit Corporation adopts the foi	C ·
A. If amending name, enter the new na	me of the corporation:		
N/A name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co". A	prosessional corporation name must	
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S.			
C. Enter new mailing address, if applia (Mailing address M.AY BE APOST) D. If amending the registered agent and new registered agent and/or the new	OFFICE BOX) d/or registered office addr		
Name of New Registered Agent	N/A	_	
Name of New Negistereu Agent	(Florida str.	reet address)	
New Registered Office Address:	N/A	.Florida	
inches the grant of the control of t		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			sition.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e),F.S.

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)

Example:

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; T.R= 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 PT.D.

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.

X Change	<u>P1 John</u>	Loc	
X Remove	<u>V</u> <u>Mike</u>	Jones	
_X Add	<u>SV</u> <u>Sally</u>	<u>smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	Secretar	Anna Lucia Roldan	255 Giralda Ave
Add			stc 800
X Remove			Coral Gables FL 33134
2) Change	Secretar	María Carolina Muskus	255 Giralda Ave
X Add			ste 800
Remove 3) Change			Coral Gables FL 33134
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u></u>
Remove			

Ifamending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
VA	
· · · · · · · · · · · · · · · · · · ·	
	
	
. If an amendmento rovides for an exch	ange, reclassification, or cancellation of issuedshares.
provisions for implementing the ame	nange, reclassification, or cancellation of issuedshares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
i/A	

	August 30th, 2022	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Au	gust 30th, 2022	
Effective date if applicable:	(no more than 90 days after amendment file date)	<u> </u>
	(An more than 90 days a jur amenameni jile date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, the Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholds	r action and shareholder
The amendment(s) was/were a	dopted by the shareholders. The number of votes east for the amend	ment(s)
by the shareholders was were		
oy at shareholders was work	switters to approve	2022
☐ The amendment(s) was/were a	pproved by the shareholders through voting groups. The fedlowing s	tatement
	or each voting group entitled to vote separately on the amendment(s)	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
	,	·
by	Avada a maran l	
	(voting group)	さい
	,°	· · · · · · · · · · · · · · · · · · ·
Novembe	r 8th, 2022	
Dated		
Signature	AnaThireed	
(By a	director, president or other officer - if directors or officers have not	been
	ted, by an incorporator - if in the hands of a receiver, trustee, or other	r court
appo	inted fiduciary by that fiduciary)	
	Ana Marina Jiménez Posada	
	(Typed or printed name of person signing)	
	Authorized Representative of the Sole Shareholder	
	(Title of person signing)	