P0300064543

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
<u>.</u>		



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SECRETARY OF STATE
NAME OF STATE
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Office Use Only

C.M. 8-22-14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	SELLULAR	CITY WIRELES	SS CORP.	
	DRATION:			
	s of Amendment and fee are su			
Please return all corr	espondence concerning this mat	ter to the following:		
	Niriam M. Perez			
		Name of Contact Person	!	京5 二
	NMP Professiona	I Services, Inc.		
		Firm/ Company		14 AUG 15 SEPARASSI
	2500 SW 107 Av	e ste 8		が受って
		Address		기의 꽃
	Miami, FL 33165			- 55 -
		City/ State and Zip Cod	e	SFF. FLARID
nr	nanrafaccionalc@h	solleouth not		A. 250
111	npprofessionals@b	sed for future annual report	notification)	
	t, man address. (to be de	to for thing annual report		
For further informat	ion concerning this matter, pleas	se call:		
Niriam M pe	erez	at (305	, 221-8176	
Nam	e of Contact Person	Area Co	de & Daytime Telephone Numbe	T
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$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)	
A D P.	ailing Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

CELLULAR CITY WIRELESS CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

D03000064543

lment(s) to

PU3UUUU04343	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendm
A. If amending name, enter the new name of the corporation:	
n/a	The ne
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain th
B. Enter new principal office address, if applicable:	n/a
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	n/a
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the
new registered agent and/or the new registered office addre	
Name of New Registered Agent N/A	
(Florida	street address)
New Registered Office Address:	Florida
(Cl	(V) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt:
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
Signature of New Registere	d 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	<u>Doe</u>	LAHASS
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	55 T
X Add	<u>SV</u> <u>Sally</u>	y <u>Smith</u>	THE RES
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address Address
1) Change	PST	LIS M EVORA	634 EAST 4 AVE
Add			HIALEAH, FL 33010
Remove			
2) Change	PST	MARCELO PERULENA	634 E 4 AVE
Add	-		HIALEAH, FL 33010
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	4/6 Z
a	TALLAN
-	
	الله المالية ا
If an amendment provides for an exchange, reclassification, or cancellation of is	sued shares,
provisions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)	t itself:
<u> </u>	

The date of each amendment(s) adoption: 08/12/2014	, if other than the
date this document was signed.	, if other than the
00/10/2014	
Effective date if applicable: (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(s) by the shareholders was/were sufficient for approval.	No. 1
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	AUG 15
"The number of votes cast for the amendment(s) was/were sufficient for approval	TO HIII: 05 ESPECIALIE
by	79 F
(voting group)	图 5
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	7 P
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 08/12/2014	
Signature Parator	ud— an district
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
LIS M EVORA	
(Typed or printed name of person signing)	
President	
(Title of person signing)	