

P04000056440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

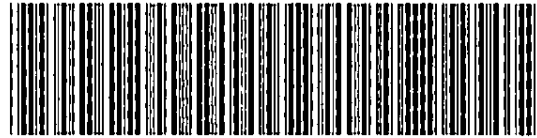
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 OCT 9 11:13 AM

C. GOLDEN

OCT - 9 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DMC TELECOM, INC.
DOCUMENT NUMBER: PO4000056440

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mariela Vite

Name of Contact Person
PRESIDENT / DMC TELECOM, INC.

Firm/ Company
PO Box 150357

Address
Cape Coral, FL 33915-0357

City/ State and Zip Code

dmc.telecom@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mariela Vite

239 810-4462

Name of Contact Person

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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) |
|--|--|--|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of
DMC TELECOM, INC.

2001 JUN 26 6:06

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

104000056440

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

N/A

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

N/A

Name of New Registered Agent

(Florida street address)

N/A

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 obligations of the position.

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)

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) Change

VP

Kirstmary Vite

1602 SW 13th St

X Add

Cape Coral, FL 33991, USA

Remove

2) Change

Add

Remove

3) Change

Add

Remove

4) Change

Add

Remove

5) Change

Add

Remove

6) Change

Add

Remove

State of Florida

County of

Lee

Sworn to (or affirmed) and subscribed before me this 18 day

of August, 2020, by Mace name of person making statement

☐ Personally known to me

Kirstmary Vite (In Person)

☒ Produced Identification
Type of Identification Produced

Driver License

Notary Signature

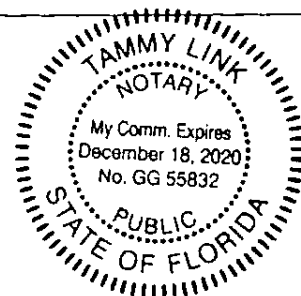
Tammy Link

Title

Notary Public

My appointment expires

12/18/2020



E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

Jul 24, 2020

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Jul 24, 2020

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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.
- ☐ 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):

"The number of votes cast for the amendment(s) was/were sufficient for approval
N/A
by _____
(voting group)"

Jul 24, 2020

Dated _____

Signature Mariela Vite
(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)

Mariela Vite

(Typed or printed name of person signing)

PRESIDENT - DMCTELECOM, INC.

(Title of person signing)

State of Florida

County of Lee

Sworn to (or affirmed) and subscribed before me this 18 day

of August, 2020, by Mariela Vite (In Person)

☐ Personally known to me

☒ Produced Identification
Type of Identification Produced Driver License

Notary Signature Tammy Link

Title Notary Public

My appointment expires 12/18/2020

