Florida Department of State

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(((H18000306653 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : GENERAL SOLUTIONS INC

Account Number : I20140000086 Phone : (305)255-3310 Fax Number : (305)255-3320

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN COMUNICACIONES NACO, INC.

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OCT 2.1 2018 C WONAIR

COVER LETTER

| Division of Corporat | | | |
|--|---|---|--|
| NAME OF CORPORAT | rion: COMUNICAC | CIONES NACO INC | |
| DOCUMENT NUMBER | R:P07000 | 0020647 | |
| The enclosed Articles of | Amendment and fee are su | bmitted for filing. | • |
| Please return all correspon | ndence concerning this ma | tter to the following: | |
| | | JOSE MOTA DE LEON | 1 |
| | | Name of Contact Person | 1 |
| | CON | IUNICACIONES NACO I | NC |
| | | Firm/ Company | |
| | 132 | 05 SW 137TH AVE SUITI | E 113 |
| | | Address | |
| | | MIAMI FL 33186 | |
| _ | | City/ State and Zip Cod | e |
| | | j.m@jsmmarthtech.com | 1 |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further information co | oncerning this matter, pleas | se call: | |
| JOSE MOTA D | E LEON | at (413 |) 6128101 de & Daytime Telephone Number |
| Name of C | Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for th | e following amount made | payable to the Florida Depa | irtment of State: |
| ■ \$35 Filing Fee | □\$43.75 Filing Fce & Certificate of Status | ☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address | | | Address |
| Amendment Section | | | ment Section |
| Division of Corporations P.O. Box 6327 | | | n of Corporations Building |
| Tallahassee, FL 32314 | | | xecutive Center Cimie |

H180003066533

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

COMUNICACIONES NACO INC

(Name of Corporation as currently filed with the Florida Dept. of State) P07000020647

(Document Number of Corporation (if known)

ent(s) to

| A. If amending name, enter the new name of the co | or por actors. | |
|--|---|--------------------------------|
| name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the | o," "Inc," or "Co". A profession | |
| B. <u>Enter new principal office address, if applicable</u> Principal office address <u>MUST BE A STREET ADI</u> | <u>DRESS</u>) | |
| C. Enter new mailing address, If applicable: (Mailing address MAY BE A POST OFFICE BO | | |
| D. If amending the registered agent and/or registence new registered agent and/or the new registered | | nter the name of the |
| Name of New Registered Agent | | |
| | (Florida street address) | |
| New Registered Office Address: | | , Florida |
| * | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered agent. | zistered Agent: I am familiar with and accept th | e obligations of the position. |
| Sion | inture of New 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.

| X.Change | PT Joh | n Doe | |
|-------------------------------|---------------------|-------------------|------------------------------|
| X Remove | <u>V</u> <u>Mil</u> | ke Jones | |
| X Add | SV Sal | ly Smith | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | P | JOSE MOTA DE LEON | 13205 SW 137TH AVE SUITE 11: |
| Add X | | | MIAMI FL 33186 |
| Remove | | | |
| 2) Change | <u>P</u> | JOSE RAFAEL MOTA | 18 ARLINGTON ST |
| X Add | | | WORCESTER MA 01604-4319 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | - |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| icles, enter change(s) here: (Be specific) |
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| nange, reclassification, or cancellation of issued shares, |
| ndment if not contained in the amendment itself: |
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| |

| The date of each amendmen | |
|--|---|
| date this document was signe | 10/23/2018 |
| Effective date if applicable: | |
| | (no more than 90 days after amendment file date) |
| | this block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records. |
| Adoption of Amendment(s) | (CHECK ONE) |
| | ere adopted by the shareholders. The number of votes cast for the amendment(s) rere sufficient for approval. |
| ☐ The amendment(s) was/w must be separately provide | ere approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s): |
| "The number of vot | s cast for the amendment(s) was/were sufficient for approval |
| by | • |
| -, | (voting group) |
| ☐ The amendment(s) was/w action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/w action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| Dated | 10/23/2018 |
| Signature | Jose Hota de Leon |
| | By a director, president or other officer - if directors or officers have not been elected, by an incorporator - if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary) |
| | JOSE MOTA DE LEON |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |