P07000 105668

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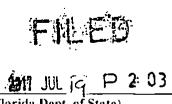
COVER LETTER

FO: Amendment Section

Division of Corporations

NAME OF CORPORATION: ___ DOCUMENT NUMBER: P07000105668 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Manuel A. Ramirez, Esq. Name of Contact Person CASTRO & RAMÍREZ, LLC Firm/ Company 1805 Ponce de León Blvd, Suite 500 Address Coral Gables, Florida, 33134 City/ State and Zip Code mjk.abogados@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 305 372 2800
Area Code & Daytime Telephone Number Manuel A. Ramírez Name of Contact Person Enclosed is a check 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 Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Conv enclosed) (Additional Copy 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



CROMSAT CORP

(<u>Name</u>	of Corporation as currently	filed with P07000	The Florida Dept. of State) 105668E-FREYARY UE STATE 110566RE-#HASSEE-FLORIDA	
	(Document Number of C	Corporation	n (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Prof	fit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
N/A		1	The new	
	nation "Corp." "Inc." or "C	o". A pro	my," or "incorporated" or the abbreviation of of or of the organization of the must contain the	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)				
			 -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
D. If amending the registered agent an		ss in Floric	da, enter the name of the	
new registered agent and/or the new		1		
Name of New Registered Agent	N/A ————————————————————————————————————			
	(Florida stree	t address)		
New Registered Office Address:	N/A		, Florida	
	(0	lity)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:			
hereby accept the appointment as regist	ered agent. I am familiar wi	th and acce	ept the obligations of the position.	
	Signature of New Reg	gistered Ag	gent, if changing	

Adress of each Officer a Attach additional sheets, lease note the officer/dir. = President; V = Vice I xecutive Officer; CFO = eld. President, Treasurer hanges should be noted	ind/or D if necess, ector title President, Chief F Directo in the fol ves the co	irector b ary) e by the fi : T= Tree inancial or would i lowing m orporatio	eing added: irst letter of the office title: asurer; S= Secretary; D= Director, Officer. If an officer/director hold, be PTD, anner. Currently John Doe is listed n, Sally Smith is named the V and S	TR= Tr. s more th	lirector being removed and title, name, and ustee: C = Chairman or Clerk; CEO = Chief nan one title, list the first letter of each office ST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change.
X Change	<u>PT</u>	John Do	<u>oe</u>		
<u>X</u> Remove	<u>v</u>	Mike Jo	nes		
<u>X</u> Add	<u>sv</u>	Sally Sn	nith_		
ype of Action Check One)	<u>Title</u>		<u>Name</u>		Address
Change	PT, D	_	Hernández, Jorge Eduardo		1805 Ponce de León Blv.
Add					Suite 500. Coral Gables
X Remove					Florida, 33134
Change	PT, D	_	Morales, Citlalli		1805 Ponce de León Bly
X Add					Suite 500, Coral Gables
Remove					Florida, 33134
) Change		_		<u> </u>	
Add					
Remove					
Change		_		<u> </u>	
Add					
Remove					
Change		-		<u> </u>	
Add					
Remove					
Change	_	_			
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	ļ
If an amendment provides for an exchange, reclassification, or cancellation	on of issued shares
provisions for implementing the amendment if not contained in the ame	idment itself:
(if not applicable, indicate N/A)	
√/A	
	<u> </u>
	<u> </u>

July 7, 2017	
The date of each amendment(s) adoption:date this document was signed.	if other than the
July 7, 2017	
Effective date <u>if applicable</u> : (no more than 90 days after	amendment file date)
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	tiling requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	rotes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	
"The number of votes east for the amendment(s) was/were sufficient t	orjapproval
by	<u>.</u>
by	
☐ The amendment(s) was/were adopted by the board of directors without shar action was not required.	cholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sharehol action was not required.	der action and shareholder
July 12, 2017 Dated Signature	
(By a director, president or other officer – if direct selected, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	
CITLALLI MO	DRALES
(Typed or printed name of pers	on signing)
Director and Pr	resident
(Title of person sig	ning)