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TO: Amendment Section Division of Corporations

NAME OF CODDODATION.	Secure Telecomm	III iciations con
NAME OF CORPORATION:	and the committee	Jrucon is sen
DOCUMENT NUMBER:	08000024463	
The enclosed Articles of Amendme	ent and fee are submitted for filing.	
Please return all correspondence co	encerning this matter to the following:	
Ree	(Name of Contact Person)	
	(Firm/ Company)	
3000	SW 15 Street (Address)	
mian	City/ State and Zip Code)	<u>4</u> 5
For further information concerning	this matter, please call:	
Rey (on Dia (Name of Contact Person)	at (<u>305</u>) <u>972 -</u> (Area Code & Daytime Telep	5/85 phone Number)
Enclosed is a check for the following	ng amount made payable to the Florida Departm	nent of State:
\$35 Filing Fee \$43.75 Filing Certificate o		\$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 Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	tions services. Inc.			
(Name of Corporation as currently filed with	the Florida Dept. of State)			
(Document Number of Corporati) 24463 (on (if known)			
•				
Pursuant to the provisions of section 607.1006, Florida Statufollowing amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the			
A. If amending name, enter the new name of the corporation	mi / Mi Air Air Air Air Air Air Air Air Air Ai			
	N/A SE 2 F			
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co. "Co". A professional corporation name must contain association," or the abbreviation "P.A."	," or the designation "Corp," "Inc," of			
B. Enter new principal office address, if applicable:	80 WPS+ 410 Theet			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Hialean FL 33012			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	80 West 49 Street Hialent Fl. 33012			
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:				
Name of New Registered Agent: Ama	do Diaz			
New Registered Office Address: (Flori	St 49 Stoot da street address)			
Hew Registered Office Address. (Flori	20 - 1-			
- Mac	10h, Florida 33012 (City) (Zip Code)			
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am j				
position.	la la San			
Signature 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)

Title	Name	Address	Type of Action
<u>P</u>	Reylan Diaz	3000 Sw 15 Street miamy, FC 33145	Add Remove
<u></u>	LISSET BIAZ	3084 SW 129 Ave mira Man, FL 3302	Add Remove
P	Amado Diaz	80 West 49 Street Hialenh, FC 33017	Add Remove
	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific		
F. <u>If an amer</u>	dment provides for an exchange, recla for implementing the amendment if no	ssification, or cancellation of iss	ued shares,
	applicable, indicate N/A)	A	<u>iseii:</u>

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