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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| | ldress) | |
| (Au | uiess) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| . (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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10/27/08--01010--013 **35.00



Amend C.COULLIETTE

OCT 292008

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | STAR TE | LECOM I | VC. | |
|--|-----------------------------|--|-----------------------------|--|
| DOCUMENT NUMBER: | 8000089 | 1083 | | |
| The enclosed Articles of Amendme | ent and fee are su | bmitted for filing. | | |
| Please return all correspondence co | ncerning this ma | tter to the followin | g: | |
| RAULI | PENEZ II. (Name of Co | ESQ. | | _ |
| PAEZ+ | GARCIA (Firm/ Co | ompany) | | |
| 7850 M | 146 St. S. | le 406 | | |
| Micmile | LNES/FL 33 (City/State a | nd Zip Code) | | |
| For further information concerning | this matter, plea | se call: | | |
| (Name of Contact Person |) | at (<u>305</u>)_ (Area Code & | 826-334 Daytime Telephor | ne Number) |
| Enclosed is a check for the following | ng amount made | payable to the Flor | ida Department | of State: |
| \$35 Filing Fee \$43.75 Filin Certificate of | | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | C C (/ | 52.50 Filing Fee ertificate of Status ertified 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 Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32 | rations enter Circle | |

Articles of Amendment to Articles of Incorporation of

| SIAK TELECON | N INC | | | |
|--|---------------------------|--------------------------------|---|-----|
| (Name of Corporation as curr | ently filed with | the Florida Dept. of S | <u>tate</u>) | |
| <u> </u> | | | | |
| (Document Nur | mber of Corporati | ion (if known) | | |
| Pursuant to the provisions of section 607.100 following amendment(s) to its Articles of Incompared to the provisions of section 607.100 following amendment(s) to its Articles of Incompared to the provisions of section 607.100 following amendment(s) to its Articles of Incompared to the provisions of section 607.100 following amendment(s) to its Articles of Incompared to the provisions of section 607.100 following amendment(s) to its Articles of Incompared to the provisions of section 607.100 following amendment(s) to its Articles of Incompared to the provisions of section 607.100 following amendment(s) to its Articles of Incompared to the provisions of section 607.100 following amendment(s) to its Articles of Incompared to the provisions of section 607.100 following amendment(s) to its Articles of Incompared to the provision of the provision following amendment follows the provision of the provi | | tes, this <i>Florida Profi</i> | it Corporation adopts | the |
| A. If amending name, enter the new name of | of the corporatio | <u>n:</u> | | |
| The new name must be distinguishable of "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A." | ' "Inc.," or Co. | ," or the designation | "Corp," "Inc," or | |
| B. Enter new principal office address, if app | | | | |
| (Principal office address <u>MUST BE A STREE</u> | <u>ET ADDRESS</u>) | | | |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) D. If amending the registered agent and/or new registered agent and/or the new registered Agent: | CE BOX) registered office | | SECRETARY OF STARE TAULAHASSEE, FLOREDA | |
| New Registered Office Address: | (Flori | ida street address) | | |
| | <u> </u> | (City) | , Florida | |
| | | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changi I hereby accept the appointment as registered position. | | | ept the obligations of | the |
| | Signature of New | Registered Agent, if ch | nanging | |

·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)

| <u>Title</u> | Name / | Address | Type of Action |
|--------------|---|---------------------|-------------------|
| <u>f.</u> | NATASHA INFIEST | History FL 33013 | Add Remove |
| | Raul Pexer | | Add Remove |
| | | | ☐ Add ☐ Remove |
| | g or adding additional Articles, enter ch ional sheets, if necessary). (Be specific, | | |
| | dment provides for an exchange, reclas | | |
| | applicable, indicate N/A) | | |
| | | | |
| | | | |
| | | | |

| The date of each amendment(s) adoption: | | |
|---|--|--|
| Effect | ive date <u>if applicable</u> : | |
| | | (no more than 90 days after amendment file date) |
| Adopt | tion of Amendment(s) | (CHECK ONE) |
| | | e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval. |
| | | e approved by the shareholders through voting groups. The following statemend for each voting group entitled to vote separately on the amendment(s): |
| | "The number of votes | east for the amendment(s) was/were sufficient for approval |
| | by | (voting group) |
| _ | | (voting group) |
| Th act | e amendment(s) was/wertion was not required. | e adopted by the board of directors without shareholder action and shareholder |
| | e amendment(s) was/wer tion was not required. | e adopted by the incorporators without shareholder action and shareholder |
| | Dated | 122/08 |
| | | a director, president or other officer – if directors or officers have not been |
| | | cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary) |
| | | (Typed or printed name of person signing) |
| | | (Typed or printed name of person signing) |
| | | President |
| | | (Title of person signing) |