

17000067810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

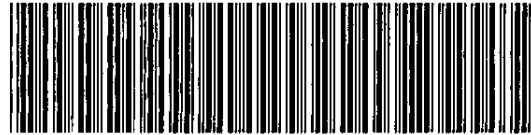
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900191698709

FILING CANCELLED
RETURNED CHECK

01/21/11--01016--021 **35.00

Handwritten signature and date 1-31-11

2011 JAN 31 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NITEL SOLUTIONS CORP

DOCUMENT NUMBER: P10000067810

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

Please return all correspondence concerning this matter to the following:

SILVIA NAVARRETE

Name of Contact Person

NITEL SOLUTIONS CORP

Firm/ Company

3001 SW 133 PLACE

Address

MIAMI, FL 33175

City/ State and Zip Code

INFO@IETELS.COM

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

For further information concerning this matter, please call:

SILVIA NAVARRETE

Name of Contact Person

at (786)

6648350

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2011

SILVIA NACARRETE
NETEL SOLUTIONS CORP
3001 S.W. 133 PLACE
MIAMI, FL 33175

SUBJECT: NITEL SOLUTIONS, CORP
Ref. Number: P10000067810

We have received your document for NITEL SOLUTIONS, CORP and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 411A00001929

RECEIVED
11 JAN 31 AM 9:38
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
to
Articles of Incorporation
1 of 1

FILING CANCELLED
RETURNED CHECK

FILED

2011 JAN 31 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NITEL SOLUTIONS CORP

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

P10000067810

(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:

NEW INNOVATED TECHNOLOGY SOLUTIONS CORP

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."

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)

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:

New Registered Office Address:

_____ (Florida street 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

~~Attestation of the Secretary of the Corporation and the Secretary of the State of the Corporation being~~
removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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)

Effective date if applicable: JANUARY 13, 2011 ^(date of adoption is required)
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ 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

by _____
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated JANUARY 13, 2011

Signature S. Navarrete S. Navarrete
(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)

SILVIA NAVARRETE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)