## P11 000052704

(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:
tan in a line
10/29/20





900350036089

08/24/20--01033--011 \*\*25.00

11/13/20--01002--011 \*\*35.00

SECRETARY OF STATE

11118120



October 13, 2020

MARIA ISABEL SANQUIRICO 8321 NEMOURS PARKWAY ORLANDO, FL 32827

SUBJECT: ELEVEN 11 COMMUNICATIONS, INC.

Ref. Number: P11000052704

We have received your document for ELEVEN 11 COMMUNICATIONS, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a fee of \$10.00 due.

The fee to file your document is \$35.

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Letter Number: 720A00020099

Querida R Moore Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION:	Eleven 11.	Communic	ations
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and	fee are submitted for fi	ling.	
Please return all correspondence concerni	ig this matter to the following	lowing:	
Maria	Loobel Si	nn qui (ica	)
	Name of (	Contact Person	
Elev	Isobel Some of Con	nmunica to	ons
	1 11 111,	Company	
8321	Nemo urs  A  Fl. 3287  City/ State	Por K way	<u> </u>
- 1	A	ddress	
Orlor do	F1 3287	27	
	City/ State	and Zip Code	
mis 6	eleven 11 co	nmuni ca	tions com
E-mail address	: (to be used for future	annual report no	tification)
For further information concerning this m	itter, please call:		
Maria Isabel Sangu Name of Contact Person	iricoa	11 313	420-2922
Name of Contact Person		Area Code	& Daytime Telephone Number
Enclosed is a check for the following amo	unt made payable to the	e Florida Departi	ment of State:
S35 Filing Fee  S43.75 Filin Certificate o	f Status Certified	Copy all copy is	Certificate of Status Certified Copy (Additional Copy Seme losed)
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	S	Division of The Center	idress ent Section of Corporations tre of Tallahassee Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

FILED

Communicati	mar Ton	8000
	ons, Inc.	2020 OCT 29 PH 4:51
poration as currently		
DIMBERIAL S	70M	TATE LARY OF STATE
(Document Number of (	Cornoration (if known	1
(trocument runnet or s	corporation (ir kino en	,
Florida Statutes, this Fi	lorida Profit Corporat	tion adopts the following amendmen
f the corporation:		
		The new
ord "corporation," "co	mpany," or "incorpor	ated" or the abbreviation "Corp.,"
""Inc." or "Co". A ;	professional corporal	tion name must contain the word
е иня есиция — г.д.	2221 (	2 P V 2
	03211	18 MOURS PARKWAY
ET ADDRESS )	Orlando	F1. 32827
	<u></u>	
CE BOX		
<u>(CE BOX</u> )		····
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registered office addre	ess in Florida, enter t	he name of the
registered office addre		
registered office addre		
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registered office address:  Alejandro 3321 Nemo	Rivara urs Parkwai	
registered office addre	Rivara urs Parkwai	
registered office address:  Alejandro  8321 Nemo  (Florida stree	Rivara urs Parkwai	
	Florida Statutes, this F.  of the corporation:  ord "corporation," "co."  "Inc," or "Co". A e abbreviation "P.A."  olicable: ET ADDRESS)	ord "corporation," "company," or "incorporation," "Inc." or "Co". A professional corporation "P.A."    S321   Folicable:

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

Example: <u>X</u> Change	PT	John Dog	
X Remove	<u>V</u>	Mike Jones	·
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	νP	Roman Rudzik	931 S. Semoran Blud.
Add Remove	40		5t. 204 Winter Park, Fl. 32792
2) Change Add	<u>vp</u>	Alejandro Rivera	01 lon do Fl. 32827
Remove 3) Remove	<u>D</u>	Adriena Rivera	8321 Nemours Parkwa
X Add		•	orland, fl.32327
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<del>_</del>
Add			
Remove			

Attach odditi	or adding additional Articles onal sheets, if necessary).— (B	se specific)	<u></u> .		
: wacn wan	ina succes, y necessary). (ii	e specific)			
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f an amond	nent provides for an exchang	io roclassification i	er cancellation of iss	med shares	
provisions f	or implementing the amenda opticable, indicate N/A)	nent if not contained	d in the amendment	itself:	
(if not a	pplicable, indicate N/A)				
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The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date with artment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ted by the incorporators, or board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	N.	
0)	(voting group)	
Signature(By a dire selected, appointed	ector, president of other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court of fiduciary by that fiduciary)  Mana Isak Sanguinco  (Typed or printed name of person signing)	
-	President (Title of person signing)	<del></del>