## P12000072595

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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: ALLIANCE TELCOM, INC. DOCUMENT NUMBER: P12000072595 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JAIME GUZMAN ORTIZ Name of Contact Person Firm/ Company 6511 NOVA DRIVE, SUITE 125 Address DAVIE, FLORIDA 33317 City/ State and Zip Code JGUZMAN954@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JAIME GUZMAN ORTIZ 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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Articles of Inc Articles of Inc	醇"
ALLIANCE TELCOM, INC.	SEI
(Name of Corporation as currently filed with the F	lorida Dept. of State)
P12000072595	, A = m
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation"	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	6511 NOVA DRIVE
(Principal office address MUST BE A STREET ADDRESS)	SUITE 125
	DAVIE, FLORIDA 33317
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6511 NOVA DRIVE
	SUITE 125
	DAVIE, FLORIDA 33317
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	eet address)
New Registered Office 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 to	
Signature of New Registered A	Agent, if changing

to

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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	n <u>ith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change	<del></del>			
Add				
Remove				
5) Change	***************************************		4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Add				
Remove				
6) Change		_		
Add				
Remove			•	

V/A	nal sheets, if necessary). (Be specific)
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	<u> </u>
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If an amendn	ent provides for an exchange, reclassification, or cancellation of issued shares,
provisions fo	nent provides for an exchange, reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself:
provisions fo	nent provides for an exchange, reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself: oplicable, indicate N/A)
provisions fo (if not ap	r implementing the amendment if not contained in the amendment itself:
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The date of each amendment(s) a	doption: 09-06-2012
Effective date if applicable: 09	9-06-2012
Effective date it appricable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement 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)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated 09-06-	-2012
Signature	Carni & Of
(By a c	director, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	JAIME GUZMAN ORTIZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)