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R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: CELLPHONE FIX	PRO, CORP	
DOCUMENT NUMI	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ANYINSON A DIAZ		
		Name of Contact Person	1
	CELLPHONE FIX PRO, CO	)RP	
		Firm/ Company	····
	4005 W HALLANDALE BE	• •	
		Address	
	WEST PARK, FL 33023		
		City/ State and Zip Code	2
amig	osfs@comcast.net		
		sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
ANYINSON A DIAZ	Z	at (	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILL

15 JUN 15 福日:51

Corporation (if known)  Florida Profit Corporation adopts the following amendment(s)  The new company," or "incorporated" or the abbreviation the P.A."
The new company," or "incorporation" or the abbreviation the
The new company," or "incorporation" or the abbreviation the
The new company," or "incorporation" or the abbreviation the
" "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
" "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
" "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
ess in Florida, enter the name of the
et address)
, Florida
City) (Zip Code)

## 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	<u>ones</u>	
_X Add	<u>sv</u>	Sally Si	mith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	T	_	CARLOS A LUNA POLANCO	230 N STATE ROAD 7
X Add				MARGATE, FL 33063
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

( one of the control of the	icles, enter change(s) here: (Be specific)
	•
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ANYINSON A DIAZ 50%. MAURICIO I LUNA POLANCO 25% AND
(if not applicable, indicate N/A) HARES ARE ISSUED AS FOLLOWS, A	ANYINSON A DIAZ 50%, MAURICIO J LUNA POLANCO 25% AND
(if not applicable, indicate N/A) HARES ARE ISSUED AS FOLLOWS, A	ANYINSON A DIAZ 50%, MAURICIO J LUNA POLANCO 25% AND
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(if not applicable, indicate N/A)	ANYINSON A DIAZ 50%, MAURICIO J LUNA POLANCO 25% AND
(if not applicable, indicate N/A) HARES ARE ISSUED AS FOLLOWS, A	ANYINSON A DIAZ 50%, MAURICIO J LUNA POLANCO 25% AND
(if not applicable, indicate N/A) HARES ARE ISSUED AS FOLLOWS, A	ANYINSON A DIAZ 50%, MAURICIO J LUNA POLANCO 25% AND

	06/08/2015	
The date of each amendment(s) a date this document was signed.	doption:	_, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the Do	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement reach 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)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
06/08/201 Dated	5	
Signature X	1/1/3	
(By a'c selecte	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 ated fiduciary by that fiduciary)	-
	ANYINSON A DIAZ	
	(Typed or printed name of person signing)	
	P	
	(Title of person signing)	<del></del>