P12000100506

	(Requestor's Name)
	(Address)
	(Address)
·	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
<u> </u>	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:





600276077166

08/20/15--01031--021 **35.00



Amend

AUG 21 2015 I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: CELLPHONE FIX	X PRO, CORP		
DOCUMENT NUMI		<u> </u>		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	ANYINSON A DIAZ BARF	RIOS		
		Name of Contact Perso	n	
	CELLPHONE FIX PRO, CO	ORP		
•		Firm/ Company		
	230 N STATE ROAD 7	. ,		
•		Address		
	MARGATE, FL 33063			
		City/ State and Zip Cod	e	
AMI	GOSFS@COMCAST.NET			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
ANYINSON A DIAZ BARRIOS		954 at (de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
Amendment Section			Iment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CELLPHONE FIX PRO. CORP.

(Name of Corneration as	currently filed with the Florida Dept. of State)
P12000100506	currently med with the Florida Dept. Of State)
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida State its Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporate	ation:
	The new
name must be distinguishable and contain the word "corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the eviation "P.A."
. B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	SS)
•	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere	nd Agent
I hereby accept the appointment as registered agent. I am	
Signature	of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and addres's 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 Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	VP	MAURICIO J LUNA POLANCO	114 NW 109TH AVENUE		
Add			HOLLYWOOD, FL 33026		
·X Remove					
2) Change	T	CARLOS A LUNA POLANCO	114 NW 109TH AVENUE		
Add			HOLLYWOOD, FL 33026		
X Remove					
3) Change					
Add					
Remove					
4) Change	VP	LAURA ECHAVARRIA	230 N STATE ROAD 7		
X Add			MARGATE, FL 33063		
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

(Attach additional	dding additional Arti sheets, if necessary).	(Be specific)	eist nere.			
					<u> </u>	
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F. If an amendment	provides for an exch	ange, reclassifica	ation, or cancell	lation of issued s	shares,	
provisions for i	nplementing the ame cable, indicate N/A)	ndment if not co	ntained in the a	mendment itself	<u>:</u>	
	D TO ANYINSON DIAZ	BARRIOS 90% ANI	D TO LAURA ECI	HAVARRIA 10%		
 						
						
	·					
· · ·						

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	will not be listed as the
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''	
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.	
07/16/2015 Dated	
Simular V	
Signature (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)	
ANYINSON A DIAZ BARRIOS	
(Typed or printed name of person signing)	
P	
(Title of person signing)	