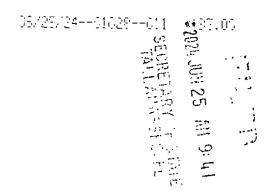
## P140000 260 092

| (R                      | equestor's Name)     | <u> </u>    |
|-------------------------|----------------------|-------------|
| (Ad                     | ddress)              |             |
| (Ad                     | ddress)              |             |
| (Ci                     | ty/State/Zip/Phone # | )           |
| PICK-UP                 | WAIT                 | MAIL        |
| (Bi                     | usiness Entity Name) | <del></del> |
| `                       | ,                    |             |
| (Do                     | ocument Number)      |             |
| `                       | ,                    |             |
| Certified Copies        | Certificates of      | Status      |
| Special Instructions to | Filing Officer:      |             |
| ·                       | _                    | \           |
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPO          | RATION: CELLNET SOUTH                                                                              | I FLORIDA INC                                                     | ·- · · · · · · · · · · · · · · · · · ·                                                                                | <del>-</del>                          |
|------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| DOCUMENT NUM           | D1.1000027002                                                                                      |                                                                   | . <u>.</u> .                                                                                                          | _                                     |
| The enclosed Article   | s of Amendment and fee are su                                                                      | bmitted for filing.                                               |                                                                                                                       |                                       |
| Please return all corr | espondence concerning this ma                                                                      | tter to the following:                                            |                                                                                                                       |                                       |
|                        | RODRIGO POSADA                                                                                     |                                                                   |                                                                                                                       |                                       |
|                        |                                                                                                    | Name of Contact Person                                            | <u>.</u>                                                                                                              |                                       |
|                        | GRUSHOFF & POSADA                                                                                  |                                                                   |                                                                                                                       |                                       |
|                        |                                                                                                    | Firm/ Company                                                     | · · · · · · · · · · · · · · · · · · ·                                                                                 | <br>                                  |
|                        | 6991 W BROWARD BLVD                                                                                | STE 105                                                           |                                                                                                                       | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|                        |                                                                                                    | Address                                                           |                                                                                                                       | <u>一</u> 二                            |
|                        | PLANTATION, FL 33317                                                                               |                                                                   |                                                                                                                       | - <del>-</del>                        |
|                        | · ·                                                                                                | City/ State and Zip Code                                          |                                                                                                                       | 7                                     |
|                        | cellnetsflinc@gmail.com                                                                            |                                                                   |                                                                                                                       |                                       |
|                        | E-mail address: (to be us                                                                          | sed for future annual report                                      | notification)                                                                                                         |                                       |
| Roe further informati  | on concerning this matter, pleas                                                                   | eo call·                                                          |                                                                                                                       | 1;                                    |
|                        |                                                                                                    |                                                                   |                                                                                                                       |                                       |
| RODRIGO POSAD.         |                                                                                                    | at (                                                              | _) 316-2590                                                                                                           |                                       |
| Name                   | of Contact Person                                                                                  | Area Coo                                                          | de & Daytime Telephone N                                                                                              | umber                                 |
| Enclosed is a check t  | or the following amount made                                                                       | payable to the Florida Depa                                       | artment of State:                                                                                                     |                                       |
| S35 Filing Fee         | ☐\$43.75 Filing Fee & Certificate of Status                                                        | ☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)                                  |                                       |
| An<br>Di<br>P.C        | niling Address<br>mendment Section<br>vision of Corporations<br>D. Box 6327<br>Ilahassee, FL 32314 | Amend<br>Divisio<br>The Co<br>2415 N                              | Address<br>ment Section<br>in of Corporations<br>entre of Tallahassee<br>N. Monroe Street, Suite 8<br>assee, FL 32303 | 10                                    |

## Articles of Amendment to Articles of Incorporation of

## CELLNET SOUTH FLORIDA INC.

| (Name of Corporati                                                                                                                                                  | ion as currently filed with the Flo                  | orida Dept. of State)                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------|
| P14000026092                                                                                                                                                        |                                                      | ,                                          |
| (Docum                                                                                                                                                              | nent Number of Corporation (if known                 | own)                                       |
| Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:                                                                               | a Statutes, this <i>Florida Profit Corp</i>          | noration adopts the following amendment(s) |
| A. If amending name, enter the new name of the co                                                                                                                   | orporation:                                          |                                            |
|                                                                                                                                                                     |                                                      | The new                                    |
| name must be distinguishable and contain the word "co<br>"Inc.," or Co.," or the designation "Corp," "Inc,<br>"chartered." "professional association," or the abbre | " or "Co". A professional corp                       |                                            |
| B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>                                                          |                                                      |                                            |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO                                                                               | <u></u>                                              | 2024 UH 25                                 |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered                                                                |                                                      | er the name of the                         |
| Name of New Registered Agent                                                                                                                                        |                                                      | (a) —                                      |
| <del></del>                                                                                                                                                         | (Florida street address)                             |                                            |
|                                                                                                                                                                     | (2.10) (11.0)                                        |                                            |
| New Registered Office Address:                                                                                                                                      | (City)                                               | , Florida<br>(Zip Code)                    |
| New Registered Agent's Signature, if changing Reg<br>I hereby accept the appointment as registered agent.                                                           | gistered Agent:<br>I am familiar with and accept the | obligations of the position.               |
|                                                                                                                                                                     |                                                      |                                            |
| Sian                                                                                                                                                                | ature of New Registered Agent, if c                  | chanyiny                                   |
| Jign                                                                                                                                                                | and of her hegistered rigent, if c                   | ······································     |
| 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)

Example:

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.

| 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)     | Title     | <u>Name</u>      | Address                              |
| 1) Change                      | VP        | BOODOO, SAMANTHA | 7510 NW 7TH STREET                   |
| Add                            |           |                  | PLANTATION, FL 33317                 |
| 2) Change Add                  |           |                  |                                      |
| Remove 3) Change               |           |                  |                                      |
| Add Remove 4) Change Add       |           |                  | 2024 JUN 25<br>SECRETAIN<br>TALL THA |
| Remove 5) Change Add           |           |                  |                                      |
| Remove  δ) Change  Add  Remove |           |                  |                                      |

| amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)    |                  |   |
|------------------------------------------------------------------------------------------------------------------------|------------------|---|
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|                                                                                                                        |                  |   |
| an amendment provides for an exchange, reclassification, or cancellation of issued shares,                             | 2075<br>SEC      |   |
| orovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A) | - 결잎 선           |   |
| (i) not applicable, marcule (1971)                                                                                     |                  |   |
|                                                                                                                        | <u> </u>         |   |
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|                                                                                                                        |                  |   |

| The date of each amendment(s) ac date this document was signed.              | loption:                                                                                                                                         | , if other than the                               |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Effective date if applicable:                                                |                                                                                                                                                  |                                                   |
|                                                                              | (no more than 90 days after amendm                                                                                                               | ent file date)                                    |
| Note: If the date inserted in this bl<br>document's effective date on the De | ock does not meet the applicable statutory filing partment of State's records.                                                                   | requirements, this date will not be listed as the |
| Adoption of Amendment(s)                                                     | (CHECK ONE)                                                                                                                                      |                                                   |
| ■ The amendment(s) was/were ado action was not required.                     | pted by the incorporators, or board of directors wit                                                                                             | hout shareholder action and shareholder           |
| ☐ The amendment(s) was/were ado<br>by the shareholders was/were su           | pted by the shareholders. The number of votes eas                                                                                                | t for the amendment(s)                            |
|                                                                              | roved by the shareholders through voting groups. each voting group entitled to vote separately on the                                            |                                                   |
| "The number of votes cast t                                                  | or the amendment(s) was/were sufficient for appro                                                                                                | oval                                              |
| by                                                                           | (voting group)                                                                                                                                   |                                                   |
|                                                                              | (voling group)                                                                                                                                   |                                                   |
| 06/21/2024<br>Dated                                                          |                                                                                                                                                  |                                                   |
| Signature                                                                    |                                                                                                                                                  |                                                   |
| selected                                                                     | ector, president or other officer – if directors or of,<br>by an incorporator – if in the hands of a receiver,<br>d fiduciary by that fiduciary) | ficers have not been trustee, or other court      |
| 1                                                                            | LUTCHMAN BOODOO                                                                                                                                  |                                                   |
| -                                                                            | (Typed or printed name of person signir                                                                                                          | gg)                                               |
| 1                                                                            | PRESIDENT                                                                                                                                        |                                                   |
| -                                                                            | (Title of person signing)                                                                                                                        |                                                   |
|                                                                              |                                                                                                                                                  | 2024 JUL 25 AH 9<br>SECREDARY 9 S                 |