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SECRETARY OF STATE OF STATE OF CORPORATIONS

C.L.8/14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:AMERICA N	ORTH TELECOM	MUNICATON, CORP
DOCUMENT NUMBER: P140000263	05	
The enclosed Articles of Amendment and fee are su		
Please return all correspondence concerning this ma	atter to the following:	
MARCO REIS		
USA TAX COR	Name of Contact Perso	n
591 E SAMPLE	Firm/ Company	
POMPANO BEA		
	sed for future annual report	
For further information concerning this matter, please MARCO REIS		700 1010
Name of Contact Person	at (904 Area Co	788-1818 de & Daytime Telephone Number
Enclosed is a check for the following amount made		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

14 DEC -1 PM 3: 42

AMERICA NORTH TELECOMMUNICATION, CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000026305

lment(s) to

(Document Number of Corp	poration (if kr	nown)			
ursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	tutes, this <i>Flo</i>	orida Profit Cor	<i>poration</i> add	opts the following a	amend
If amending name, enter the new name of the corpor	ration:				
ame must be distinguishable and contain the word "c Corp.," "Inc.," or Co.," or the designation "Corp," "I ord "chartered," "professional association," or the abbr	nc," or "Co	". A profession		ated" or the abbi	
. Enter new principal office address, if applicable:					
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)				
	•				
	-				
. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	-				
	-				
	,				
. If amending the registered agent and/or registered of		in Florida, en	ter the name	e of the	
new registered agent and/or the new registered office	e address:				
Name of New Registered Agent					
-	Florida street d	address)	<u> </u>		
New Registered Office Address:			, Florida		
	(City)			(Zip Code)	
				•	
Desistand Assets Street as 15 days 1 mg					
ew Registered Agent's Signature, if changing Registere thereby accept the appointment as registered agent. I am	<u>ea Agent:</u> familiar with	and accept the	obligations	of the position.	
	•	•			
Signature of New Pe					

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 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.

X Change	PT	John Doe				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s			
1) Change	Р	SANTOS, FERNANDO S.	589 E. SAMPLE RD SUITE			
Add			POMPANO BEACH, FL			
Remove			33064			
2) Change	Р	ARNDT ROJAS, KENDON	589 E. SAMPLE RD SUITE			
Add			POMPANO BEACH, FL			
Remove			33064			
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

tach additional sheets, if necessary). (Be specific)	•			
					··
					_ _
					_
			_		
an amendment provides for an e	xchange, reclass	ification, or ca	<u>incellation of i</u>	ssued shar <u>es,</u>	
rovisions for implementing the a	mendment if not	contained in	the amendmen	t itself:	
(if not applicable, indicate N/A)	,				
		<u>_</u> _			
····				· · · · · · · · · · · · · · · · · · ·	,

The date of each amendment(s) adoption: 11/24/2014 , if other than the 14 DEC -1 PM 3: 42 date this document was signed. 11/24/2014 Effective date if applicable: (no more than 90 days after amendment file date) (CHECK ONE) Adoption of Amendment(s) 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 (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. Dated 11/24/2014 (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) **FERNANDO S. SANTOS** (Typed or printed name of person signing) PRESIDENT (Title of person signing)