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OCT 01 2015

R. William

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TELCOM SERVIC	CES INC		
	BER: P14000030713			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this may	iter to the following:		
	Luis A. La Loggia			
	Annie de la company de la comp	Name of Contact Persor		
	Telcom Services Inc.	•	•	
		Firm/ Company		
	110 Sidonia Ave, Unit 25	rune Company		
	110 Sidonia Ave, Offit 25			
	~	Address		
	Coral Gables, FL 33134			
		City/ State and Zip Code	e	
I.U.	SADRIANLALOGGIA@GMA	AIL.COM		
Will deploy the same	E-mail address: (to be us	sed for future annual report	notification)	
	on concerning this matter, pleas			
OLGA MELO		at () 992-1879 de & Daytime Telephone Number	
Namo	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check t	for the following amount made	payable to the Florida Depo	artment of State:	
S35 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)	
<u>M</u>	ailing Address	Street	Address	
- • •	mendment Section	Amendment Section		
	vision of Corporations	Division of Corporations		
	O. Box 6327 Mahassee, FL 32314		n Building Executive Center Circle	
1 10	Aldinasact, I to Jacob 17		assee, FL 32301	

Articles of Amendment

to

Articles of Incorporation of

111.6.1

TELCOM SERVICES INC.

15 SEP 28 AM 9: 53

(Name of Corporation as currently filed with the Florida Dept. of State) ALLAHASSEE, FLORIDA	TELCOM SERVICES INC.		1 2 nii 2, 33		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Floridu Profit Corporation adopts the following amendmentitis Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." R. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) UNIT 25 CORAL GABLES, FL 33134 C. Enter new mailing address MAY BE A POST OFFICE BOX) UNIT 25 CORAL GABLES, FL 33134 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent LUIS A. LA LOGGIA 110 SIDONIA AVE. UNIT 25 (Florida street address) CORAL GABLES Florida 33134	(Name o	f Corporation as curren	tly filed with the Florida Dept. of State)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Floridu Profit Corporation adopts the following amendmentitis Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." R. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) UNIT 25 CORAL GABLES, FL 33134 C. Enter new mailing address MAY BE A POST OFFICE BOX) UNIT 25 CORAL GABLES, FL 33134 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent LUIS A. LA LOGGIA 110 SIDONIA AVE. UNIT 25 (Florida street address) CORAL GABLES Florida 33134			TALLAHASSEE, FLORIES		
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Nome of New Registered Agent LUIS A. LA LOGGIA 110 SIDONIA AVE. UNIT 25 (Florida street address) New Registered Office Address: CORAL GABLES Florida Florida 73134			CORAL GABLES, FL 33134		
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(Florida street address) New Registered Office Address: CORAL GABLES Florida Florida	Name of New Registered Agent				
New Registered Office Address: CORAL GABLES Florida 33134					
New Registered Office Address:		·			
	New Registered Office Address:	CORAL GABLES	Florida 33134		
(City) (21p Code)			(Cip) (Zip Code)		
	New Registered Agent's Signature, if a I hereby accept the appointment as regis	thanging Registered Age tered agent Tam familia	nt: with and accept the obligations of the position.		
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Tan familiar with and accept the obligations of the position.		Signature of Nov	v Registered Agent, if changing		
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Tank familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing		(115,1111,111,111,111,111,111,111,111,11	- restrate an estatut à company		

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 = ChiefExecutive 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: <u>X</u> 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	Name	Address
1)Change			
Add			and the second s
Remove			
2)Change			
Add			
Remove			
3)Change			
Add			
Remove			
4)Change			
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5) Change			
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Remove			
6) Change			Management (Mark Series on 1994 of the control of t
Add			4.494.41
Remove			

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provisi	endment provides for a pns for implementing th not applicable, indicate 2	e amendment if n	ssification, or e of contained in	ancellation of iss the amendment	ued spares, itself:	

<u></u>						,

The date of each amendment(s) adoption: date this document was signed. (09/14/2015 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 will not be document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE)	→ - w
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document's effective date on the Department of State's records.	listed as th
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 east for the amendment(s) was/were sufficient for approval	
by"	
by	
☐ 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.	
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)	
(Typed or printed name of person signing)	***************************************
President (Title of person signing)	بيد ساسلاين