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COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: AXIS NETWORK Cabling Inc.					
Dillinger	1.39				
DOCUMENT NUMBER:	<u>ua</u>				
The enclosed Articles of Amendment and fee are sub-	omitted for filing.				
Please return all correspondence concerning this mat-	ter to the following:				
Luis Ec	heverry				
Λ	Name of Contact Person				
- Axis Netwo	xh Cabling Inc.				
	Firm/Company				
2901	NM 70 OL				
)	Address				
<u>Lauderdale</u>	Lanes FL 33311				
	City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, pleas	e call:				
Luis Echevern	21,954,274-6201				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy (Additional copy is enclosed) □S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address	Street Address				
Amendment Section Division of Corporations	Amendment Section Division of Corporations				
P.O. Box 6327	Clifton Building				

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorp	poration
Axis Network Cal	oling Inc.
(Name of Corporation as currently fi	ded with the Florida Dept. of State)
P1400062629	
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co word "chartered," "professional association," or the abbreviation "P.,	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	VC P\
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MA
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent	s in Florida, enter the name of the
(Florida street New Registered Office Address: (Co	ity) (1) (2) (2) (2) (2) (2) (2) (3)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.

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.

Mike Jones, V as Remov	ve, and Sal	ly Smith, SV as an Add.	
Example: XChange	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		Brandon Echellerry	2901 NW 287St
Add			Laudendale Lakes Fi
Remove			33311
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	NA		
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f an amendment provides for an excl	aumus maalassifias	tion or annaellation	of icenal charac	
provisions for implementing the ame	ndment if not con	tained in the amend	lment itself:	
(if not applicable, indicate N/A)		MA		
	·	19/11/	. <u></u>	
, <u>, , , , , , , , , , , , , , , , , , </u>				
				
				
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The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: ino more than 9h days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will necessarily document's effective date on the Department of State's records.	ot 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	
☐ 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 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) PM=51 PEV (Title of person signing)	