P14000070019

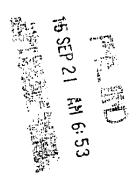
(Re	questor's Name)			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: AJ TELECOM GE	ROUP, INC.	,		
DOCUMENT NUMI	BER:P14000070019				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
		Name of Contact Person			
	Wesley W Lambert	Name of Contact Person	1		
	Westey W Danibert	Firm/ Company			
	AJ Telecom Group, Inc.	Finte Company			
	Address				
	2332 Galiano Street, 2nd Flo		1		
		City/ State and Zip Cod			
	uulambart Waitulaaa marana a	·			
	wlambert@ajtelecomgroup.co	om sed for future annual report	mad(Conston)		
	D-man address. (to be di	sed for future annual report	normation		
For further information	concerning this matter, pleas	se call:			
Wesley W Lambert		at (<u>305</u>	361-9852		
Name o	of Contact Person	Area Co)de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	urtment 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



AJ Telecom Group, Inc.

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

P14000070019

(Document Number of Corporation (if known)

ent(s) to

	ne of the corporation:		
			The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional association	tion "Corp," "Inc." or	"Co". A professional corporation name	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		2332 Galiano Street, 2nd Floor	
		Coral Gables, FL 33134	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2332 Galiano Street, 2nd Floor	
		Coral Gables, FL 33134	
D. If amending the registered agent and			
new registered agent and/or the new		ss:	
Name of New Registered Agent Wesley W Lambert		T	
	2332 Galiano Street, 2nd Floor		
_	(Florida s	street address)	
New Registered Office Address:	Coral Gables	, Florida_	3134
		(City)	(Zip Code)

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.

Example: X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	CFO		Didier Stickel	2332 Galiano Street, 2nd Floor
Add				Coral Gables, FL 33134
X Remove				
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)
, , , , , , , , , , , , , , , , , , , ,	
	110
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	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 document's effective date on the	s block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amen- sufficient for approval.	dment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment(
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	.,,	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sha	reholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareho	lder
Septemb Dated	er 10th, 2015	<i></i>
Signature	the kill	
selec	director, president or other officer – if directors of officers have no ted, by an incorporator – if in the hands of a receiver, trustee, or oth inted fiduciary by that fiduciary)	
	Wesley W Lambert	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	