P15000003557

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	#)
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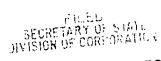
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CELLPHONE FIX	PRO 2, CORP	
DOCUMENT NUM	BER: P15000003557		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	MAURICIO J LUNA POLA	NCO	
		Name of Contact Perso	on
	CELLPHONE FIX PRO 2, C	CORP	
. *		Firm/ Company	
	8030 PINES BLVD		
		Address	
	PEMBROKE PINES, FL 330	025	
		City/ State and Zip Coo	le
ami	gosfs@comcast.net		
	-	sed for future annual repor	t notification)
		,	,
For further informati	on concerning this matter, pleas	se call:	
MAURICIO J LUN	A POLANCO	at (⁷¹⁸	. 915-3224
Name of Contact Person		at (Area C	ode & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	partment of State:
■ \$35 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	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



2016 NOV 17 AM 8: 53

CELLPHONE FIX PRO 2, CORP

(Name of Corporatio	n as currently filed with the Florida Dept. of State)
P15000003557	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the con	rporation:
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the d	The new "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of New Registered Agent	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
. Con the Control of	(City) (Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Sign	ature 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 Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	LINA MARCELA GOMEZ	2832 FILLMORE ST #14	
Add			HOLLYWOOD, FL 33020	
X Remove				
2) Change	VP	LILIANA MADRUGA	3540 83rd ST APT 5C	
X Add			JACKSON HTS, NY 11372	
Remove				
3) Change				
Add				
Remove				
4) Change	· ,			
Add				
Remove			·	
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

ich additional sheets, if ne	ecessary). (Be specifi	c)		
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		<u> </u>		
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n amendment provides for implementing (if not applicable, indicated)	ig the amendment if no	sification, or cancell ot contained in the a	ation of issued sh mendment itself:	ares.
				
			<u></u> ,	
				
				

11/12/2016	I ILILI
The date of each amendment(s) adoption:date this document was signed.	JURE I Aliffortier than the
11/12/2016	2016 NOV 17 AM 8: 53
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	2010 1101 17 741 0
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amenda by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following somust 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"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	eholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	der
11/12/2016 Dated	
Signature	<u> </u>
(By a director, president or other officer - if directors or officers have not	
selected, by an incorporator – if in the hands of a receiver, trustee, or other	er court
appointed fiduciary by that fiduciary)	
MAURICIO J LUNA POLANCO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	 _