PECCOBOYT

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PICK-UP WAIT MAIL
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COVER LETTER

TO: Amendment Section

Division of Corpo	rations		
NAME OF CORPOR	DIETON	Communica 12047	rations Corp
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	Pernar 770 Claugh Miami, F	Name of Contact Person Name of Contact Person Commun Firm/ Company 1 ton Folding Address City/ State and Zip Cod sed for future annual report	DR#1605
For further information	concerning this matter, pleas	se call:	
Alfonso Rodiname o	Janes Range Contact Person	at (<u>305</u> Area Co) 582 5659 de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ling Address ndment Section		Address Iment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

to

Articles of Incorporation

Articles of theorphilation
Pelman Communications Corp
(Name of Corporation as currently filed with the Florida Dept. of State)
P150000 12047
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its 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."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 770 Claughton Island Da
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) H 1605
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 Same as Owner 770 Claughton Island Dr. #1605 (Florida Street address) New Registered Office Address: Hiami Florida 33131
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with 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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sm	<u>uith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
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)
	
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t an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	***	, if other than the
date this document was signed.	$alaba_{a}$	
Effective date if applicable:	9/17/2018	
(no	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does not m document's effective date on the Department of State	neet the applicable statutory filing requirements, this e's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK	<u>K ONE</u>)	
☐ The amendment(s) was/were adopted by the shareby the shareholders was/were sufficient for approximation.	eholders. The number of votes cast for the amendment oval.	t(s)
	reholders through voting groups. <i>The following state</i> , up entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendme	ent(s) was/were sufficient for approval	
by	·	
(voting §	group)	
The amendment(s) was/were adopted by the board action was not required.	d of directors without shareholder action and shareholder	lder
☐ The amendment(s) was/were adopted by the incoraction was not required.	rporators without shareholder action and shareholder	
Dated	018	
Signature	fund	
(By a director, president	t or other officer – if directors or officers have not bee rator – if in the hands of a receiver, trustee, or other co that fiduciary)	
- Algorithm (Type	Conso Rodriguez Range Red or printed name of person signing)	,
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·
	"	