# P15000021024

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### COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: SUTRA COMMUN	NCATION INC			
DOCUMENT NUM	IBER: P15000021624				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this mat	ter to the following:			
	Ayanna Bonner				
	<del></del>	Name of Contact Person	n		
	SUTRA COMMUNICATION INC				
	-	Firm/ Company			
	9746 NW 35TH STREET	Time Company			
		Address			
	CORAL SPRINGS, FLORID	A, 33065			
		City/ State and Zip Cod	e		
info	@mysutrasystems.com				
	·	ed for future annual report	notification)		
	,	va isi rataro amma repart			
For further informati	on concerning this matter, pleas	e call:			
Michael Duggan		954 at (	279 3358 de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check t	for the following amount made p	payable to the Florida Depa	artment of State:		
S35 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)		
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

### SUTRA COMMUNICATION INC

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

P15000021	624
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation r "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
ľ	
	- <u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A E E
	· · · · · · · · · · · · · · · · · · ·
	ddross in Florida enter the name of the
D. If amending the registered agent and/or registered office ac	ddi ess in Fiorida, enter the hame of the
new registered agent and/or the new registered office addr	ess:
Name of New Registered Agent N/A	
(Florida	street address)
New Registered Office Address: N/A	Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	
I hereby accept the appointment as registered agent. I am familia	ir with and accept the obligations of the position.
Simulation of Vin	During and towns if along in

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	Vaughn Farquharson	1210 W. Magnolia Circle
X Add			Delray Beach, FL 33445
Remove			
2) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change	_		
Add			
Remove			
57 Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amendin	g or adding additional a itional sheets, if necessar	Articles, enter change(s) here: v). (Be specific)
	itionai sneets, ų necessar	y). (Be specific)
N/A		
		<del></del>
	<u> </u>	
	•	
	<del> </del>	
F If an amon	dmont provides for an a	evaluation of issued shares
provisions	s for implementing the a	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself:
(if not	applicable, indicate N/A	
N/A		
<del></del>	<del></del>	
<del></del>	<del></del>	
	<del>_</del>	

The date of each amendment(s) adoption:	, if other than the
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 document's effective date on the Department of State's records.	ite will not 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( by the shareholders was/were sufficient for approval.	s)
The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
12/1/17	
Signature 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 courappointed/fiduciary by that fiduciary)	rt
AYANNA BONNER	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	