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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: SUTRA COMMU	NICATION INC		
DOCUMENT NUM	P15000021624			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this mat	ter to the following:		
	AYANNA BONNER			
		Name of Contact Person	1	
	SUTRA COMMUNICATION INC			
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·	
	9746 NW 35TH STREET			
	Address			
	CORAL SPRINGS, FL 33065			
		City/ State and Zip Cod	e	
info	@mysutrasystems.com			
	•	ed for future annual report	notification)	
For further informati	on concerning this matter, pleas	e call:		
Ayanna Bonner		at (954	683 2677	
Name	of Contact Person	at (954) 683 2677 Area Code & Daytime Telephone Numb		
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)	
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

Articles of Incorporation

 P1500000 	1624	y filed with the Florida Dept. of State)		
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amend	ment(s) to	
A. If amending name, enter the new na	ame of the corporation:			
N/A		The n	ew	
	ation "Corp," "Inc," or "	n," "company," or "incorporated" or the abbreviat Co". A professional corporation name must contain P.A."		
B. Enter new principal office address,	if applicable:	5301 NW 15TH STREET		
(Principal office address MUST BE A STREET ADDRESS)		BAY D30		
		MARGATE, FLORIDA 33063		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5301 NW 15TH STREET		
		BAY D30 .		
		MARGATE, FLORIDA 33063	_	
D. If amending the registered agent an new registered agent and/or the new			- .:: .:•	
N/A Name of New Registered Agent		26	- 1	
		P		
	(Florida str	eer address)		
New Registered Office Address:	N/A Florida		_	
		(City) (Zip Code)		
New Registered Agent's Signature, if cl	hanging Registered Agent:			
I hereby accept the appointment as regist	ered agent. I am familiar v	vith and accept the obligations of the position.		
	Signature of New R	egistered 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> Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	SV Sal	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add		\	
Remove			
2) Change			
Add			
Remove			
3) Change	<u> </u>		<u> </u>
Add	1/		
Remove		J	
4) Change			
Add			
Remove			
5) Change	 -		
Add			
Remove			
6) Change			·
Add			
Remove			

E. If amending or adding addition (Attach additional sheets, if neces	al Articles, enter changes arv). (Be specific)	ge(s) here:		
N/A	,,,, (,,,,,,			
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F. If an amendment provides for	ın exchange, reclassific	ation, or cancellation	of issued shares,	
provisions for implementing t (if not applicable, indicate	<u>ie amendment if not co</u>	ntained in the amendr	nent itself:	
N/A	1/2()			
N/A	· · · · · · · · · · · · · · · · · · ·			
		.		
	- · · · · · · · · · · · · · · · · · · ·	<u> </u>		
-				

The date of each amendment(s) at	loption:	, if other than the
date this document was signed.		
12/1	9/17	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date wpartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.	
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	pted by the board of directors without shareholder action and shareholder	
action was not required.	opted by the incorporators without shareholder action and shareholder	
12/19/17 Dated	7 1 7 7	
	hector president or other officer – if directors or officers have not been	
	d. Mah incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	
	AYANNA BONNER	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	