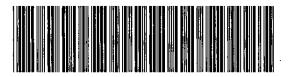
P15000033295

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number))
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COVER LETTER

Division of Corporations	
NAME OF CORPORATION: WIRELESS PCS	SOLUTIONS INC
DOCUMENT NUMBER: P15000033296	
The enclosed Articles of Amendment and fee a	re submitted for filing
Please return all correspondence concerning this	matter to the following.
LESLIE ARBOLEDA	\$
	Name of Contact Person
WIRELESS PCS SOLUTIONS	
	Firm/ Company
7522 WILES ROAD STE B200	5
	Address
CORAL SPRINGS, FL 33067	
	City/ State and Zip Code
E-mail addre	ess: (to be used for future annual report notification)
For further information concerning this matter ple	ease cali:
LESLIE ARBOLEDA	at (954) 720-8473
Name of Contact Person	Area Code & Daytime Talephone Number
Enclosed is a check for the following amount mad	de payable to the Florida Department of State
X \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations PO 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

WIRELESS PCS SOLUTIONS INC	
(Name of Corporation as currently filed	1 with the Florida Dept. of State)
P15000033295	
(Document Number of Cor	peration (if known))
Pursuant to the provisions of section 607, 1006, Florida Statutes, that amendment(s) to its Articles of Incorporation.	ns Florida Profit Corporation adopts the follow
A. If amending name, enter the new name of the corporation	
name must be distinguishable and contain the word "corporation " "Corp." "Inc.," or Co.," or the designation "Corp." "inc." or "Co". A word "chartered," "professional association," or the abbreviation "F	professional corporation name must contain
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office and/or the new registered office add	
Name of New Registered Agent	
	lorida street address)
New Registered Office Address	Florida
Light 1881004. St. St. St. St. St. St. St. St. St. St	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent if am familiar	
Signature of New Regis	tered Agent, if changing

, WIRELESS PCS SOLUTIONS INC

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 cornoration, 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.

Ex	ample	e:				
	<u>X</u>	Change	PT	John	<u>Doe</u>	
	X	Remove	Ϋ́	Mike	Jones	
	<u>X</u>	Add	<u>sv</u>	<u>Sally</u>	Smith	
	pe of / neck (<u>Action</u> Dne)	<u>Title</u>		Name	Address
1)		Change	VP	-	MONA D DAABOUL KHALIL	1840 LINTON LAKE DRIVE
	<u> </u>	Add				DELRAY BEACH, FL 33445
		Remove				The state of the s
2)		Change		-	The state of the s	
		Add				
		Remove				
3)		Change				
		Add				
		Remove				
4)		Change		-		
		Add				
		Remove				
6)		Change				
5)		Change		-		
		Add				
	~—	Remove				
6)		Change		_		
		Add				
		Remove				

If amending or adding additional Arti		AD
(Attach additional sheets, if necessary)		
		·
and the second s		
		<u> </u>
If an amondment provides for an eye	hange realization or cancellation of issued charge	
provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		<u>. </u>

WIRELESS PCS SOLUTIONS INC The date of each amendment(s) adoption:	
other than the date this document was signe	· · · · · · · · · · · · · · · · · · ·
Effective date <u>if applicable</u> :	6/17/2015
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does it as the document's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be listed aitment of State's records
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) of for approval
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	ne amendment(s) was/were sufficient for approval
by	
	(voting graup)
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated	6/17/2015
Signature (P) of the	ector president or other officer – if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court
appointe	d fiduciary by that fiduciary)
	Ammor A Khalil
	(Typed or printed name of person signing)
<u>p</u>	
	(Title of person signing)