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	To:	Division of Corporations Fax Number : (850)617-6380	THE THE
	From:	Account Name : PROFESSIONAL SERVICES Account Number : I20040000024 Phone : (786)303-5010 Fax Number : (305)403-1061	
	annual	email address for this business entity to be use report mailings. Enter only one email address pl	
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FO: Amendment Se Division of Cor				
NAME OF CORPO	DRATION:	RELSS REPAIR INC		
DOCUMENT NUM	IBER: P15000035205			
	es of Amendment and fee are su	ubmitted for filing.		
Please return all corr	respondence concerning this ma	atter to the following:		
	FRANK DIAZ			
······		Name of Contact Perso	n	· · · ·
	PROFESSIONAL SERVICE	SLLC		
		Firm/ Company	·	
	3128 CORAL WAY	4.13	<u> </u>	
	MIAMI, FL 33145	Address		
	<u> </u>	City/ State and Zip Cod	c	
PRC	OFESSIONALSERVICES55@	GMAIL.COM		
	E-mail address: (to be ur	sed for future annual report	notification)	
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or further informatio	on concerning this matter, pleas			
FRANK DIAZ		at (303-5010	
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inclosed is a check f	for the following amount made	payable to the Florida Dep	artment of State:	
\$35 Filing Fee	Status 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)	
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Am Div P.C	ailing Address nendment Section vision of Corporations D. Box 6327 Nahassee, FL 32314	Divisio Clifton	Iment Section on of Corporations Building executive Center Circle	

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P.001/005

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August 13, 2015

FLORIDA DEPARTMENT OF STATE Division of Corporations

FOND-ROSE WIRELESS REPAIR, INC 13744 NW 7 AVE MIAMI, FL 33168

SUBJECT: FOND-ROSE WIRELESS REPAIR, INC REF: P15000035205

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II FAX Aud. #: H15000194415 Letter Number: 115A00017112

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P.O BOX 6327 - Tallahassee, Florida 32314

08/14/2015 12:19 PROFESSIONAL SERVI	CES, LLC	,)	(FAX)305 403 106	P.	002/005
	Articles of Am			FIL	5D
	to Articles of Incor of	poration		2015 AUG 14	
FOND ROSE WIRELESS REPAIR INC				SCR. HASS	CHE STATE SE. FLORIDA
(Name of Corp.	oration as currently i	filed with the Flo	rida Dept. of State)	<u>)</u>	
P15000035205			2		- ·
(D	ocument Number of C	orporation (if kno	IWII)	·····	
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	lorida Statutes, this Fl	orida Profit Corp	oration adopts the foll	owing amendmen	t (s) to
A. If amending name, enter the new name of t	he corporation:				
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "(word "chartered," "professional association," or	Corp,". "Inc," or "Co	". A professiona	"incorporated" or ti I corporation name n	The new be abbreviation must contain the	··•
B. <u>Enter new principal office address, if applic</u> (Principal office address <u>MUST BE A STREET</u> ,	able: ADDRESS)	· ·	i i i i i i i i i i i i i i i i i i i		
	•				
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE</u>	. <u>BOX</u>)				
D. <u>If amending the registered agent and/or regi</u> nered agent and/or the new registered agent a	istered office address red office address:	in Plorida, enter	the name of the		
Name of New Registered Agent					
	(Florida street a	ddress)			
New Registered Office Address;			. Florida		
	(Cit)	y)		Cip Code)	
New Registered Agent's Signature, if changing I Thereby accept the appointment as registered agen	Registered Agent: L I am familiar with	and accept the ob	ligations of the positio	n.	
- Si	ignature of New Regis	tered Agent, if cho	mging		

Page 1 of 4

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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: XChange

<u>X Change</u> <u>PT</u> John Doe <u>X Remove</u> <u>V Mike Jones</u>

X Add SV Sally Smith

Type of Action
Title
Name
Address

(Check One)
The production of t

1) Change	P	RUTH FOND ROSE	3126 CORAL WAY
Add			MIAMI, FL33145
X Remove			
2) Change	P	CAMINITO FOND ROSE	3126 CORAL WAY
X Add			MIAMI, FL 33145
Remove			
3) Change			·
Add			
Remove			·····
4) Change			•••••
Add			·
Remove			
5) Change			
Add			·····
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6) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
		Page 2 of 4	

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n amendment provid ovisions for impleme	es for an exchange	e, reclassificati	on, or cancella	ion of issued sh	Ares,		
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(FAX)305 403 1061

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	August 1st, 2015			16 - 41 41 41 -	
The date of each amendment(ate this document was signed.	s) adoption:			_, if other than the	
Effective date <u>if applicable</u> :					
	(no more than 90 d	ays after amendment fi	le date)		
	ois block does not meet the applicable Department of State's records.	e statutory filing requ	irements, this date will	not be listed as the	
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The nue sufficient for approval.	mber of votes cast for	the amendment(s)		
	approved by the shareholders through for each voting group entitled to vote				
	ast for the amendment(s) was/were su	fficient for approval	an an an an taon an an taon an taon		
by	(voting group)	······································			
action was not required.	adopted by the board of directors with adopted by the incorporators without				
-	10th 2015				
Signature	V har has the	~~~			
(By sole	a director, president or other officer - cted, by an incorporator - if in the has ointed fiduciary by that fiduciary)			~	
	Comment	i Forma	ROSE		
	(Typed or printed name	e of person signing)			
		PRESIDE			
	CAMINITO FOND ROSE	TRESIDE	IVE		

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