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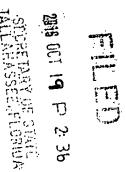
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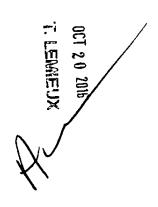




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08/08/16--01038--030 **87.50





COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | ALD, INC | | | |
|--|---|---|--|--|
| DOCUMENT NUMI | P15000072193 BER: | | - | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | |
| Please return all corre | spondence concerning this man | tter to the following: | | |
| | FRANK NERI | | | |
| | | Name of Contact Person | on | |
| | ILD, INC | | | |
| | 8870-2 SW 40TH STREET | Firm/ Company | | |
| | MIAMI, FL 33165 | Address | | |
| | | City/ State and Zip Co | de | |
| frank | .neri@acatelecom.net | | | |
| | E-mail address: (to be us | sed for future annual repor | t notification) | |
| For further informatio | n concerning this matter, pleas | se call: | | |
| FRANK NERI | | 305 at (| 222-7985 | |
| Name | of Contact Person | Area C | ode & Daytime Telephone Number | |
| Enclosed is a check for | or the following amount made p | payable to the Florida Dep | partment of State: | |
| \$35 Filing Fee | □\$43.75 Filing Fee & 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) | |
| 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2016

FRANK NERI 2ND MAILING 8870-2 SW 40 ST MIAMI, FL 33165

SUBJECT: 1LD, INC.

Ref. Number: P15000072193

We have received your document for 1LD, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The amendment is not complete.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

DA DAVAGAR MILL THE CO.

Letter Number: 416A00018500



MEGEIVED 16 OCT 19 AM 11:52

DEPARTMENT OF STATE DIVISION OF EURPORATIONS TALL AHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2016

FRANK NERI 2ND MAILING 8870-2 SW 40 ST MIAMI, FL 33165

3053972856

SUBJECT: 1LD, INC

Ref. Number: P15000072193

We have received your document for 1LD, INC, and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(e):

e eerreellen(e) requested in our provious letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux Regulatory Specialist II

Letter Number: 416A00018500

٠-- مُعَكَّد .

850,245,6897

Articles of Amendment to Articles of incorporation of

| 11 | DITNC. | |
|---|--|--|
| Change of the polation as en | CO 70.02 | ot ()tate) |
| (Document Nur | mber of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation: | • | opts the following amendment(s) to |
| A. If amending name, enter the new name of the corporati | ion: | |
| ************************************** | | The new |
| name must be distinguishable and contain the word "corp" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc, word "chartered," "professional association," or the abbrevi | ," or "Co". A professional corpora | rated" or the abbreviation tion name must contain the |
| B. Enter new principal office address, if applicable: | | · <u>-</u> |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) |) | |
| | The second secon | |
| | | |
| C. Enter new mailing address, if applicable: | | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | |
| | | |
| | | · · · · · · · · · · · · · · · · · · · |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a | | e of the |
| Name of New Registered Agent | | |
| | | |
| (Flo | orida street address) | |
| New Registered Office Address: | , | Florida |
| | (City) | (Zip Code) |
| | | |
| New Registered Agent's Signature, if changing Registered | Agents | |
| I hereby accept the appointment as registered agent. I am fa- | miliar with and accept the obligations | s of the position. |
| | | 78 78 0 78 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | • | |
| Signature oj | f New Registered Agent, if changing | Comments Comments |
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| | Page-1 of 4 | |

| 10/19/2016 | 10:59 | 3053972856 | ACA TELECOM | PAGE 03/0 |
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| | | | | |
| | | | le and name of each officer/director bein | g removed and title, name, and |
| • | | or Director being added: | | |
| (Attach additiona | l sheets. i <u>f n</u> | ecessary). | | |
| Please note the of | fficer/direct | or title by the first letter of the | e office title: | |
| P = President: V | = Vice Pres | sident: T= Treasurer: S= Sec | retary: D= Director: TR= Trustee: C = C | hairman or Clerk: CEO = Chief |
| | | | officer/director holds more than one title, | |
| | | irector would be PTD. | Toggical residence in the street street and street | ther the james control all control aggrees |
| | · · - · - | | ALL BOOK AND A DOT LINE | and the standard of the section |
| | | | itly John Doc is listed as the PST and Mike is named the V and S. These should be note | |
| ,, | | • | is named the v and S. these should be note | xi us sonn Doe, F1 us a Change. |
| Mike Jones, V as | Kemove, an | d Sally Smith, SV as an Add | | |
| Example: | | | • | |
| X Change | P1 | T John Doe | | |
| | _ | | | |
| X Remove | V | Mike Iones | | |

| X_Change | <u> 61</u> | John Do | <u>oe</u> | | | |
|-------------------------------|--------------|--------------|--------------|----------|--------------|----------------------|
| X Remove | <u>V</u> | Mike Jo | nes | | | |
| <u>X</u> Add | <u>sv</u> | Sally Si | nith | | | |
| Type of Action (Check One) | <u>Title</u> | | Name | | A | <u>addres</u> s |
| 1) Change . | S | <u> </u> | MAYRA ZAPATA | \ | 88 | 370-2 SW 40TH STREET |
| Add X Remove | | | | | | HAMI, FL33165 |
| 2) Change | | | | | _ | |
| Add | | | | | | |
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| 3) ' Change | | _ | | • | _ | |
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| date this documen | | | | , ii oulei ula | ii ttic |
| | | 08/25/2016 | | | • |
| Effective date if: | applicable: | | (no more than 90 days after amendment file date) | | |
| | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| Note: If the date document's effect | | | not meet the applicable statutory filing requirements, this date w ! State's records. | ill not be listed a | s the |
| Adoption of Ame | endment(s) | 2) | IECK ONE) | | |
| | | ere adopted by the vere sufficient fo | shareholders. The number of votes east for the amendment(s) approval. | | |
| | | | ne shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s): | | |
| "The nur | nber of vote | es cast for the an | endment(s) was/were sufficient for approval | | |
| by | : | | ning group) | | |
| The amendment action was not | | ere adopted by the | board of directors without shareholder action and shareholder | | |
| ☐ The amendme action was not | | ere adopted by t | incorporators without shareholder action and shareholder | | |
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| | Dated | T | | | |
| | 2 | olected, by an i | sident or other officer if directors or officers have not been corporator if in the hands of a receiver trustee, or other court by that fiduriary) | | |
| | | FRANK | | | |
| | | | (Typed or printed name of person signing) | | |
| | | S | | | |

(Title of person signing)