P15000080838

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CONTEL INC		e State of the sta		
DOCUMENT NUMB	ER: P15000080838		· ·		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	oondence concerning this ma	tter to the following:			
	ISIS ISABEL				
-		Name of Contact Persor	1		
	II&I TAX INVESTMENT CORP				
-	Firm/ Company				
	1860 N PINE ISLAND RD. STE 109				
-	Address				
	PLANTATION, FL 33322				
-	City/ State and Zip Code				
ISIST.	AX@AOL.COM				
-	•	sed for future annual report	notification)		
For further information	concerning this matter, please	954	600-5801		
	CC	at (de & Daytime Telephone Number		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment 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		Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

5007 2 7

CONTEL INC

(Name of Corporation as cu	urrently filed with the Florida Dept. of State)	100	
P15000080838	in the state of th		4
(Document Nur	mber of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the follow	ving amendm	ent(s) to
A. If amending name, enter the new name of the corporati	on:		
CONTEL CONSULTING INC		The nev	4,
name must be distinguishable and contain the word "corp "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc, word "chartered," "professional association," or the abbrevio	" or "Co". A professional corporation name mus	abbreviation	n
B. Enter new principal office address, if applicable:			
(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)			
(maining address MAI BE A I OST OFFICE BOX)			
D. If amending the registered agent and/or registered office	e address in Florida, enter the name of the		
new registered agent and/or the new registered office ac	ddress:		
Name of New Registered Agent			
(Flor	rida street address)		
New Registered Office Address:	, Florida		
	(City) (Zi	p Code)	
New Registered Agent's Signature, if changing Registered A	Agent		
hereby accept the appointment as registered agent. I am fam	Agent. niliar with and accept the obligations of the position	1.	
Signature of	New Registered Agent, if changing		
Oighuin e by i			

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
		-		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				
Kelliove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
1- 0- 004 00- 00- 00- 00- 00- 00- 00- 00-	
22222	
Miles or a second with the sec	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	•

	10/07/2015	
The date of each amendment(s) a date this document was signed.	doption;	, if other than the
	07/2015	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	plock does not meet the applicable statutory filing requirements, the partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendatificient for approval.	ment(s)
	proved by the shareholders through voting groups. The following streach voting group entitled to vote separately on the amendment(s)	
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and share	cholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and sharehold	ler
10/07/201	5	
Dated		
	h. a. A. C	
Signature	Will James	
	director, president or other officer - directors or officers have not	
	ed, by an incorporator — if in the bands of a receiver, trustee, or othe	r court
арроп	nted fiduciary by that fiduciary)	
	LISBET GOMEZ	
	(Typed or printed name of person signing)	, , , , , , , , , , , , , , , , , , , ,
	PRESIDENT	
	(Title of person signing)	