# P16000008628

(Re	equestor's Name)	
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No. 4. 13. No. 13. No.

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: NDS CARRIER I	NC	
DOCUMENT NUMB	P16000008628	<del></del>	
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
		ALBA E VIVAR	
•		Name of Contact Person	1
	MIAMI DIS	SPATCH & CARRIER SEF	RVICES
•		Firm/ Company	<del></del>
	804	0 NW 95TH ST STE 106	
•		Address	
	HIALEAH GARDENS, FL 33016		
•		City/ State and Zip Code	e
•	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
ALBA E VIVAR		at (305	de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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		Amend Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## **Articles of Amendment** Articles of Incorporation

#### NDS CARRIER INC

#### (Name of Corporation as currently filed with the Florida Dept. of State)

P16000008628

(Document Number of Corporation (if known)

ent(s) to

its Articles of Incorporation:		
A. If amending name, enter the new na	ame of the corporation:	
		The new
	tain the word "corporation," "company," or nation "Corp," "Inc," or "Co". A professiona ntion," or the abbreviation "P.A."	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		
	nd/or registered office address in Florida, ente	The name of the
		the name of the
new registered agent and/or the nex	w registered office address:	the name of the
		the name of the
new registered agent and/or the new	w registered office address:	the name of the
new registered agent and/or the new	w registered office address:  MARIA ISABEL ROJAS PEREZ	
new registered agent and/or the new	w registered office address:  MARIA ISABEL ROJAS PEREZ  1350 PALM AVE STE D	Florida 33010

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

## 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 Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	ı
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	PT	MARIA ISABEL ROJAS PEREZ	1350 PALM AVE STE D
X Add			HIALEAH, FL 33010
Remove			
2) Change	PT	NELLY DIAZ	1350 PALM AVE STE D
Add			HIALEAH, FL 33010
X Remove			
3) Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		icles, enter change(s) here: (Be specific)
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		
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	09/22/2016	
The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
09/22/		
Effective date if applicable:	(no more than 90 days after amendment fil	le date)
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as t
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for t cient for approval.	he amendment(s)
	ved by the shareholders through voting groups. The factor with voting group entitled to vote separately on the ame	
"The number of votes cast fo	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
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☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and	l shareholder
09/22/20	6	
Dated	<u> </u>	
	Molling	
Signature	1/2/19 20	<del></del>
(By a dire	ctor, president of other officer – if directors or officers by an incorporator – if in the hands of a receiver, trusto	s have not been
	by an incorporator – If in the hands of a receiver, trusto I fiduciary by that fiduciary)	ee, or other court
арроппо	industry by that hadday,	
	NELLY DIAZ	
_	(Typed or printed name of person signing)	
	PRESIDENT	
<del>-</del>	(Title of person signing)	<del></del>