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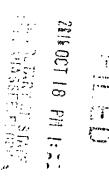
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OCT 2 1 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Teleo. DOCUMENT NUMBER: P16 0000 4	n Holdings, In	c
DOCUMENT NUMBER: P16 0000 4	7318	
The enclosed Articles of Amendment and fee are st	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Karel	Name of Contact Person Oldings In	
·	Name of Contact Person	1
Telcon He	oldings, In.	
<u> 5931 A.W. 173</u>	More Suite +	± 4B
<u> Miami Gard</u>	City/ State and Zip Code	<u>5</u>
E-mail address: (to be u	reffersice compared for future annual report	notification)
Karel Gomez Name of Contact Person	at (_ 5	de & Daytime Telephone Number
Enclosed is a check for the following amount made		
\$35 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		Address Iment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Tel con Holdin (Name of Corporation as	35 IN.	
(i.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a		
(Document l	Number of Corporation (if known)	
tursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to	
. If amending name, enter the new name of the corpor	ration:	
Thame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbi		
ame must be distinguishable and contain the word "c Corp.," "Inc.," or Co.," or the designation "Corp." "I word "chartered," "professional association," or the abbr	'Inc," or "Co". A professional corporation name must contain the	
3. Enter new principal office address, if applicable:	5931 N.W. 143rd Orive.	
Principal office address <u>MUST BE A STREET ADDRES</u>	Suite # 48	
	Higmi Gardens, FL 33015	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5931 N.W. 173rd brive	
	Juite # 48	
	Higmi Gardens, FL 33015	
D. If amending the registered agent and/or registered on new registered agent and/or the new registered office.		
Name of New Registered Agent	NIA	
	(Florida street address)	
New Registered Office Address:	NIA Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ered Agent: In familiar with and accept the obligations of the position.	
<u> </u>	re of New Registered Agent, if Changing	

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 <math>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.

X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name	<u>Addres</u> s	
1) Change		-	NIA		
Add					
Remove					
2) Change		_			
Add					
Remove					
3) Change					
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add					
Remove					

E. If amendir	ng or adding additional Art litional sheets, if necessary).	(Re specific)	here:		
(Atmen ada					
<u>-</u>	NIA				
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F 16		hawaa waalaasiGaatia	n or consillation of	ficanod aboves	
provision	ndment provides for an exc is for implementing the am	endment if not contain	ned in the amendm	ent itself:	
(if no	t applicable, indicate N/A)				
	NIA				
					···

Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated Octob	11 th, 2016
Signature	
(By a di	rector president or other officer - if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court
appoint	ed fiduciary by that fiduciary)
	Kont Gonza
	(Typed or printed name of person signing)
	PVTS
•	(Title of person signing)