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SECRETARY OF STATE
NAULAHASSEETELORIDA

COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: I Wireless Miami	Group, INC.
DOCUMENT NUMBER: <u>\$ 16000068329</u>	
The enclosed Articles of Amendment and fee are submitted for fili	lng.
Please return all correspondence concerning this matter to the follo	wing:
SHELDON D. Name of C	DageN ontact Person
SHELDON D. J.	1
<u>2750 N 29</u>	dress
Hollywood,	FL 33020 and Zip Code
SDAGEN @ DF E-mail address: (to be used for future a	AGENCPA.Com nnual report notification)
For further information concerning this matter, please call:	
SHELDON DAGEN at (954) 965 - 5375 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the	Florida Department of State:
■ \$35 Filing Fee	Copy Certificate of Status Copy is Certified Copy
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

Articles of Amendment to Articles of Incorporation of

I Wireless 1	Miami Group, INC.
	tly filed with the Florida Dept. of State)
P16000	X68329
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Miami BCH, FL 33139
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	859 Washington Avenue Miami BCH, FL 33139
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address	
Name of New Registered Agent	N/A A BOT PO
(Florida :	street address)
New Registered Office Address:	Florida Circonia 3:
New Registered Agent's Signature, if changing Registered Age Thereby accept the appointment as registered agent. I am familia	nt:
Signature of New	Registered Agent, if changing

address of each Office (Attach additional shee Please note the officer/ P = President; V= Vic Executive Officer; CFO held. President, Treasu Changes should be not	er and/or E ets, if necess director titue e Presidem O = Chief i rer, Director ed in the for	Pirector being sary) Ic by the first let: T= Treasure Financial Officor would be PI Howing manne orporation, Sa	added: orter of the office tit or; S= Secretary; D oer. If an officer/d FD. or, Currently John Hy Smith is named	le: D= Director: TR= irector holds more Doe is listed as the	Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change.
X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Nan</u>	<u>ne</u>		Address
1) Change	<i>7</i> ,5		HD MANA	RSHAAL	_ 859 Washington Avenue Miani Boh, FL 33139
X Remove					
2) Change	P	S A	MAR CH	9AL	859 Washington Avenue Miany Boh 76 33139
Remove					
3) Change					
Remove					
4) Change					
Add					
5) Change		_			
Add					
Remove					····
6) Change		-			
Add					

Remove

f amending or adding additional Ar Attach additional sheets, if necessary).	. (Be specific)		_
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f an amendment provides for an exc provisions for implementing the am	change, reclassifi	cation, o	r cancellation of issued shares,
(if not applicable, indicate N/A)	enument ii not c	<u>ontaniea</u>	in the amendment user.
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than	90 days after amendment file date)
Note: If the date inserted in this block does not meet the appl document's effective date on the Department of State's records.	licable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	ne number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/w	ere sufficient for approval
by (voting group)	-
(voting group)	
☐ The amendment(s) was/were adopted by the board of director action was not required.	rs without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators wi action was not required.	thout shareholder action and shareholder
Dated 09 - 30 - 17	
Signature	
(By a director, president-or-other of	ficer if directors or officers have not been
	he hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary	y)
Amar	CHAAL
(Typed or printed	I name of person signing)
Pac	SIDENT
Title	e of person signing)
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