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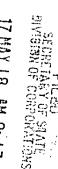
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: US CONNECT SO	DLUTIONS INC			
DOCUMENT NUMBI	ER: <u>P 17000040042</u>		<del></del>		
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this mat	ter to the following:			
	GE	ORGE CHAVEZ GALLEC	GOS		
_	Name of Contact Person				
	US CONNECT SOLUTIONS INC				
_	Firm/ Company				
_	2650 LAKE SHORE DRIVE, #1201, RIVIERA BEACH				
	Address				
_	FLORIDA 33404 - 4611				
		City/ State and Zip Code	<b>)</b>		
		USCONNECTUS@GM			
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	concerning this matter, pleas	e call:			
		at (	1		
Name of	Contact Person	at () Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made [	payable to the Florida Depa	rtment 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

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

US CO	ONNECT SOLUTIONS, INC
(Name of Corporat	ion as currently filed with the Florida Dept. of State)
P 17000	0040042
(Docur	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADD</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)
D. If amending the registered agent and/or registered new registered agent and/or the new registered	red office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<u>istered Agent:</u> I am familiar with and accept the obligations of the position.
Sign	nature 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.

Example: X Change	<u>PT</u>	John Doc			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	VD	GEORGE CHAVEZ GALLEGOS	2650 LAKE SHORE DRIVE, #1201		
Add			RIVIERA BEACH, FLORIDA		
X Remove			33404 - 4611		
2) Change		_			
Add					
Remove					
3)Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change	-				
Add					
Remove					
6) Change					
Add					
Remove					

Attach additiona	adding additional A Il sheets, if necessary,	. (Be specific)				
		•				
					-	
			. 100 100 1			
			•			
						·
	· · · · · ·					
<u>provisions for i</u>	t provides for an exmplementing the an excaple, indicate N/A)	change, reclassif nendment if not o	ication, or cancel contained in the a	lation of issued shar mendment itself:	es,	
<u> </u>						
				•		

The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this dapartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado by the shareholders was/were sul	pted by the shareholders. The number of votes cast for the amendment(sficient for approval.	5)
	roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	ent
"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 shareholde	er
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated		
Signature	Sami_e	
(By a di selected	rector, president of other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other cour ed fiduciary by that fiduciary)	t
	SAMIR KUMAR SHARMA	
-	(Typed or printed name of person signing)	
_	PRESIDENT	
	(Title of person signing)	