P17000070767

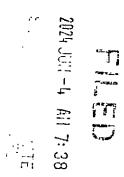
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Certified Copies	Certificates of Stat	tus
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COVER LETTER

TO: Amendment Section Division of Corporations

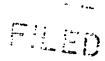
NAME OF CORPORATION:	WIRELE	ESS TELEMATI	CS SOLU	TIONS INC
DOCUMENT NUMBER:		P17000070767		
The enclosed Articles of Amendmen	n and fee are sul	bmitted for filing		
Please return all correspondence con	icerning this mai	tter to the followi	ing:	
		RORY DIAZ		
		Name of Cont	act Persor	1
	WIRE	LESS TELEMAT	TICS SOL	UTIONS INC
		Firm/ Cor	mpany	-
		3105 NW 107 A	ve, Suite:	400-В-6
		Addre	288	
		Miami, F	1. 33172	
		City/ State and	d Zip Code	2
		rdiaz@wireles	ss-ts.com	
E-mail a	ddress: (to be us	sed for future ann		notification)
For further information concerning to RORY DIAZ	this matter, pleas	se call: at (305	607-5895
Name of Contact Per	rson	at (Area Co	de & Daytime Telephone Number
Enclosed is a check for the followin	g amount made	payable to the Fl	orida Depa	artment of State:
	5 Filing Fee & cate of Status	□\$43.75 Filin Certified Co (Additional c enclosed)	ру	□\$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 Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

WIRELESS TELEMATICS SOLUTIONS INC



(Name of Corporation as currently	filed with the Florida	Dept. of State)	•
P17000070767	ψ.,	on 4 kil	7: 38
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporati	on adopts the fo	llowing amendment(s
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorpora professional corporati	ited" or the abbron name must	The new reviation "Corp.," contain the word
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		_	
 If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address: 	ess in Florida, enter th	e name of the	
Name of New Registered Agent			
(Florida stre	et address)		
New Registered Office Address:		, Florida	
	City)		(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar w	ith and accept the oblig	ations of the pos	sition.
Signature of New Re	gistered Agent, if chang	ging	
Check if applicable			

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>y</u>	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	CRISTINA DIAZ	20351 SW 84TH AVE
X Add			Miami, FL 33189
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
Kemove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
•	
. 	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	

. . . .

	• .
The date of each amendment(s) adoption this document was signed.	otion:, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bloc document's effective date on the Depa	k does not meet the applicable statutory filing requirements, this date will not be listed as the rtment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adopted action was not required.	ed by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):
	the amendment(s) was/were sufficient for approval
py	(voting group)
	(voting group)
May 23. Dated	
(By a directed, by a directed, by a directed, by a directed, by a directed by a direct	to, president or other officer – if directors or officers have not been y an incorporator if in the hands of a receiver, trustee, or other court
	fiduciary by that fiduciary)
	RORY DIAZ
	(Typed or printed name of person signing)
	PRESIDENT/OWNER
-	(Title of person signing)