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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TRAT CABLE C	ONSTRUCTION INC		
DOCUMENT NUMBER: P17000082175			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
IRA T WALTMAN			
	Name of Contact Person		
5401 62ND ST N	Firm/ Company		
	Address		
PINELLAS PARK FL 3378			
-	City/ State and Zip Code		
IRA8666QC@GMAIL.COM			
E-mail address: (to bel	ised for future annual report notification)		
For further information concerning this matter, ple	se call:		
IRA T WALTMAN	at (727) 400-1877		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made	payable to the Florida Department of State:		
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)		
Mailing Address Amendment Section	Street Address Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
	Tallahassee, FL 32301		

Articles of Amendment

Articles of Incorporation

FILED

17 NOV 20 PM 12: 10

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IRA T CABLE CONSTRUCTION INC	SECULIAR Y LE CAME
(Name of Corpo	ration as currently filed with the Florida Dept. of State)
P17000082175	
(1)	cument Number of Corporation (if known)
its Articles of Incorporation:	prida Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the	e corporation:
IRA T TELECOMMUNICATIONS INC	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	word "corporation," "company," or "incorporated" or the abbreviation or "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applic	} a ble:
(Principal office address MUST BE A STREET)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	
D. If amending the registered agent and/or reg	stered office address in Florida, enter the name of the
new registered agent and/or the new registe	red office address:
Name of New Registered Agent	
	1
	(Florida street address)
New Registered Office Address:	, Florida
Name that is a second of the s	(City) (Zip Code)

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.

Signature of New Registered Agent, if changing

If amending the Officers address of each Officers (Attach additional sheets,	and/or D	irector bein		the title and name of each officer/director being removed and title, name, and ided:
Please note the officer/dir			lett	er of the office title:
P = President; V = Vice I	President	: T= Treasu	rer:	S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief
Executive Officer: CFO	= Chief F	inancial Of	liga	. If an officer/director holds more than one title, list the first letter of each office
held. President, Treasure				
Changes should be noted	in the fol	lowing man	ndr.	Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is
				Smith is named the V and S. These should be noted as John Doe, PT as a Change,
Mike Jones, V as Remove.	, <mark>and S</mark> ali	y Smith, SV	as a	n Add.
Example:			[1]	
<u>X</u> Change	<u>PT</u>	John Doe	1	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith	·	•
Type of Action (Check One)	<u>Title</u>	<u>N:</u>	ame 	<u>Address</u>
1) Change			11	
Add				
Ксточс				
2) Change				
Add				
Remove				
3) Change			<u> </u>	
Add				
) - -	
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				

_ Remove

. If amending or adding additional Artic	cles, gater change(s) here:
. If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
 	
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	16
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	1,1 161
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares.
provisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	K 4
	N (

	odi 	DBER 17,2017
The date of each amendmen date this document was signed		if other than the
Effective date if applicable:	OCTOBER 11,201	
		no more than 90 days afte r amendment file date)
Note: If the date inserted in document's effective date on t		meet the applicable statutory filing requirements, this date will not be listed as the ate's records.
Adoption of Amendment(s)	(<u>CHB</u>	CK ONE)
The amendment(s) was/we by the shareholders was/w		areholders. The number of votes east for the amendment(s) it is a second of the amendment o
☐ The amendment(s) was/we must be separately provide	ere approved by the edfor each voting g	harcholders through voting groups. The following statement from entitled to vote separately on the amendment(s):
"The number of vote	s cast for the amend	ment(s) was/were sufficient for approval
by		
		group)
☐ The amendment(s) was/we action was not required.	re adopted by the b	ard of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	тс adopted by the in	corporators without shareholder action and shareholder
OCTO Dated	OBER 17, 2017	,
Signaturė_	. 7	
S	By a director, presidi	in or other officer – if directors or officers have not been officer – if in the hands of a receiver, trustee, or other court
	IRA T WALT	MAN
	(1	ped or printed name of person signing)
	PRESIDENT	
		(Title of person signing)