P190000 14330

(Re	questor's Name)	
(Äd	dress)	
(Ad	dress)	
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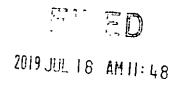
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ION:	TELMACA INC	;		
DOCUMENT NUMBER:	P1900014330				
The enclosed Articles of A	mendment and fee are su	ibmitted for filing.			
Please return all correspond	dence concerning this ma	atter to the following:			
	MAI	RTHA OTALOR	A		
	Name of Contact Person				
	MO ACCOUNTING SERVICES CORP				
	Firm/ Company				
	175 FONTAINEBLEAU BLVD SUITE 1-G2				
	Address				
	MIAMI, FL 33172				
		City/ State and Zip Cod	e		
	info@)moaccountings	ervices.com		
		sed for future annual report			
For further information con	cerning this matter, pleas	se call:			
MARCOS FUENMAYOR		786	780-8630		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment 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		Ameno Divisio Clifton	Address Imment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



TELMACA INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000014330

(Document Number of Corporation (if known)

	ame of the corporation:	
N/A		The no
	tain the word "corporation," "company nation "Corp," "Inc," or "Co", A profes tion," or the abbreviation "P.A."	" or "incorporated" or the abbreviation
3. Enter new principal office address, Principal office address <u>MUST BE A S</u>		
, ,,		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		
. If amending the registered agent an	nd/or registered office address in Florida	enter the name of the
new registered agent and/or the new	nd/or registered office address in Florida w registered office address: N/A	enter the name of the
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	w registered office address: N/A	enter the name of the
new registered agent and/or the new Name of New Registered Agent	N/A (Florida street address)	enter the name of the
new registered agent and/or the new Name of New Registered Agent	N/A (Florida street address)	, Florida
new registered agent and/or the new	N/A (Florida street address)	
new registered agent and/or the new Name of New Registered Agent	W registered office address: N/A (Florida street address) N/A (City)	, Florida

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 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 Do	<u>oe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	Р	_	ANGELA ROSA CELEDON	8841 FONTAINEBLEAU
Add				BLVD APT 503
Remove				MIAMI,FL 33172
2) Change	VP	_	MARCOS FUENMAYOR	8841 FONTAINEBLEAU
Add				BLVD APT 503
Remove				MIAMI, FL 33172
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add	<u> </u>	_		
Remove				
6) Change				
Add		_		
Remove				
Keniove				

(Attach addi	tional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
N/A			
			
_			
			
	-		-
E lfanamand	lmant numidae fee oo ees	share and significant and share strength of the strength of th	
provisions	for implementing the ame	change, reclassification, or cancellation of issued shares, lendment if not contained in the amendment itself:	
(if not	applicable, indicate N/A)		
N/A			
		 	
			

The date of each amendment(s) adoption: 07/09/2019	, if other than the
date this document was signed.	, ir other than the
Effective date if applicable: 06/01/2019	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated07/09/2019	
Signature Lucies Flannellin.	
(By a/director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
VICEPRESIDENT	
(Title of person signing)	