## P2000006900

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C. GOLDEN
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## **COVER LETTER**

O: Amendment Section Division of Corporations

Tallahassee, FL 32314

AME OF CORPO	RATION:	mons inc	<del></del>			
OCUMENT NUM	BER: P20000006900					
he enclosed <i>Article</i> :	s of Amendment and fee are su	bmitted for filing.				
lease return all corre	espondence concerning this ma	tter to the following:				
	Janos Ungur					
		Name of Contact Person	1			
		Firm/ Company				
	1604 Weld Bird Ct					
	Address					
	Valrico FL 33594					
		City/ State and Zip Code	e			
	office.futurecom@gmail.com					
	E-mail address: (to be us	sed for future annual report	notification)			
or further information	on concerning this matter, pleas	se call:				
nos Ungur		at ( <u>813</u>	408-3522			
Name of Contact Person		Area Code & Daytime Telephone Number				
nclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:			
\$35 Filing Fee	☐S43,75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section		Street Address Amendment Section				
	rision of Corporations	Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

iture Communications Inc. (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) rsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to Articles of Incorporation: If amending name, enter the new name of the corporation: me must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," nc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word hartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREE</u>T ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Janos Ungur Name of New Registered Agent 1604 Weld Bird Ct (Florida street address) Valrico New Registered Office Address: (City) w Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

eck if applicable

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

Idress of each Offic ttach additional she ease note the officer = President; V= Vic recutive Officer; CFC	er and/or I ets, if neces /director tit ce Presiden O = Chief F	Director being added: sary) the by the first letter of the office title; tt; T = Treasurer; S = Secretary; D = D inancial Officer. If an officer/director	of each officer/director being removed and title, name Director; TR= Trustee; C = Chairman or Clerk; CEO = r holds more than one title, list the first letter of each office	Chief
esid <b>en</b> t, Treasurer, i ianges should be not change. Mika tongs	ted in the fo	ollowing manner. Currently John Doe	e is listed as the PST and Mike Jones is listed as the V. Th V and S. These should be noted as John Doc, PT as a Ch	erc is
ike Jones, V as Reme		lly Smith, SV as an Add.	y ana 3. These showa be noted as John Doc, P1 as a Ch	ange.
t <b>ample:</b> <u>C</u> Change	<u>PT</u>	John Doe		
<u>⟨</u> Remove	<u>V</u>	Mike Jones		
<u>C</u> Add	<u>\$V</u>	Sally Smith		
pe of Action heck One)	Title	<u>Name</u>	<u>Addres</u> s	
Change	VP	Janos Ungur	1604 Weld Bird Ct	
X Add			Valrico FL 33594	
Remove				
Change		_		
Add				
Remove Change				
Add				
Remove				
Change				
Add				
Remove				
Change				
Add				

\_\_\_\_ Remove

\_\_\_\_ Change

\_\_\_\_ Remove

\_\_\_\_ Add

If amending or adding additional Articles, enter change(s) here:	
Attach additional sheets, if necessary). (Be specific)	
	<u></u>
	<del></del>
	<del></del>
	<del></del>
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
orovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
(у посиррисате, такжие кум)	
	<del></del>
11 11 11 11 11 11 11 11 11 11 11 11 11	
	<del></del>
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e date of each amendment(s) a e this document was signed.	doption:	
. this document was signed.		, if other than th
10/1	6/2020	
ective date <u>if applicable</u> :		
	(no more than 90 days after amendment file a	late)
e: If the date inserted in this bument's effective date on the De	block does not meet the applicable statutory filing requirer epartment of State's records.	ments, this date will not be listed as the
option of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were addiction was not required.	opted by the incorporators, or board of directors without sha	areholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the afficient for approval.	e amendment(s)
	proved by the shareholders through voting groups. The followed voting group entitled to vote separately on the amend	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	116/2020	
Signature	feet	
(By a di selected	rector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	0 = 0 =	
	(Title of person signing)	