## P2000036576

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	A & E WIRELESS	SOLUTIONS INC	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	•
	ANDRES GONZALEZ BEJA	\RANO	
	<u></u>	Name of Contact Person	
	A & E WIRELESS SOLUTION	ONS INC	
		Firm/ Company	
	7814 N ARMENIA AVE		
		Address	<del>-</del>
	TAMPA, FL 33604		
	· <del></del> · · · <del></del>	City/ State and Zip Code	2
	AEWIRELESSSOLUTIONS	@GMAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas		8106634
	of Contact Person	at (813	de & Daytime Telephone Number
	r the following amount made		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address indment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation

of

	LUTIONS INC.
(Name of Corporation as currently filed v	with the Florida Dept. of State)
P20000 36	576
(Document Number of Corpor	ration (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A profes "chartered," "professional association," or the abbreviation "P.A."	
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)	
D. If amending the registered agent and/or registered office address in Innew registered agent and/or the new registered office address:	Florida, enter the name of the
Name of New Registered Agent	
	(a)
(Florida street addre	ess) U
New Registered Office Address:	. Florida
(City)	(7.ip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and	l accept the obligations of the position.
Signature of New Registere	d Agent, if changing
Check if applicable  ☐ 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 Doe	
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	VP	MARIO LADINO	7814 N ARMENIA AVE
Add			TAMPA FL 33604
X Remove			<u>.                                    </u>
2) Change			
Add			
Remove 3) Change	<del>-</del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
(if not applicable, indicate N/4)	
(if not applicable, indicate N/A)	

	10/15/2020	, if other than the
The date of each amendment(s) adopt date this document was signed.		, , , , out, , , , , , , , , , , , , , , , , , ,
10/15/20 Effective date <u>if applicable</u> :	·	
Effective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date wiment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action ar	nd shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	I by the shareholders. The number of votes east for the amendment(s) ient for approval.	
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes east for	the amendment(s) was/were sufficient for approval	
by		
by	(voting group)	
10/15/2020		
Dated		
Signature	Tyle	
(By a direc	tor, president or other officer - if directors or officers have not been	
	y anyincorporator – if in the hands of a receiver, trustee, or other court induciary by that fiduciary)	
appointed	reductary by that inductary)	
AN	DRES GONZALEZ BEJARANO	
<del></del>	(Typed or printed name of person signing)	
PR	ESIDENT	
_	(Title of person signing)	