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(Re	questor's Name)	
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COVER LETTER.

TO: Amendment Section Division of Corpora			•	
NAME OF CORPORA	TION: <u>Miame</u>	i <u>Celular</u> (63526	200p.	
DOCUMENT NUMBE	r: <u>P20000</u>	63526	,	
	Amendment and fee are su			
Please return all correspo	ondence concerning this ma	atter to the following:		
	Rarose	Name of Contact Person		
	Ramor	n Reyes Acec From Company 5 Palm Ave	punting INC.	
	717	Farm/ Company	/	
_	503	Polm HVE	•	
	,	Address		
_	Hiale	ah Fl 3301 City/ State and Zip Cod	Z	
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For further information c	oncerning this matter, plea	se call:		
2	ρ			
Ramon	Mayes	at (305	1822-0669	
Name of 0	Contact Person		de & Daytime Telephone Number	
Enclosed is a check for th	ne 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)	S\$2.50 Filing Fee Certificate of Status Certified Copy (Additional Copy	
		chem letty	is enclosed)	
Mailing Address Amendment Section		Street Address Amendment Section		
	n of Corporations	Amendment Section Division of Corporations		
	ox 6327	The Centre of Tallahassee		
Tallaha	ssec, FL 32314		N. Monroe Street, Suite 810	
		Tallaha	issee, FL 32303	

Articles of Amendment Articles of Incorporation of

	0- 1
Hiami Celular	filed with the Florida Dept. of State)
P20000634	Corporation (if known)
(1)Octiment Number of	Corporation (it known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida 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," "c "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P A."	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	5950 SW 74 ST
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Abt 307
	Miami Florida 33143
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
5957) 500	JU ST Abt 207
5950_ sw (Florida stre	et address)
New Registered Office Address:	ami Horida 33143
	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the oblivations of the position
The term of the te	The time steel, and the same of the property o
	, 0
Hordre M.	H. gistered Agent, if changing
Signature of New Re	gisierea Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607,0120 (11) (c)	er FS
The minimum training many ments into principality or at the principality of the princi	m 61 - 1.c.

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)

Evample:

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	\overline{PT}	<u>John De</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>neş</u>	
X Add	<u>SV</u>	Sally Sn	mith	
Type of Action (Check One)	Title		Name	Address
1) Change	- -	_		
Add				
Remove				
2} Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		-		
Add				
Remove				
6) Change			<u>.</u>	
Add		-		
Remove				

· ·	mal sheets, if necessary).	(Be specific)				
			 			
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If an amend	nent provides for an excl	hange, reclassifi	cation, or canc	ellation of issued	shares.	
provisions	or implementing the ame	endment if not c	ontained in the	amendment itse	olf:	
(if not a	oplicable, indicate N/A)				<u> </u>	
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The date of each amendment(s) adoption: $8/21/2020$, if other than to date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
X The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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)
Dated 8/31/2020
Signature Andre H. H.
(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)
Andre H. Platias (Typed or printed name of person signing)
Prosident.
(Title of person signing)