## P23000018137

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: DETELSAT COR	f <sup>,</sup>	
DOCUMENT NUMI	P23000018137		
The enclosed Articles	of Amendment and fee are st	bmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	Hector DMilita		
		Name of Contact Person	n
	A&F SPECIAL SERVICES,	LLC	
		Firm/ Company	
	8200 NW 41 ST SUITE #100	)	
		Address	
	DORAL, FL 33166		
		City/ State and Zip Cod	e
	detelsatcorp@gmail.com		
		sed for future annual report	notitication)
For further informatio	i concerning this matter, plea	se call:	
Hector DMilita		954 at (	534-3056
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

DETELSAT CORP			
(Name of Corporation :	as currently filed with the F	lorida Dept. of State)	
P23000018137			
(Document	t Number of Corporation (if )	known)	
Pursuant to the provisions of section 607,1006, Florida Strits Articles of Incorporation:	atutes, this Florida Profit Co	rporation adopts the following	ng amendment(s) t
A. If amending name, enter the new name of the corpo	oration:		
			The new
name must be distinguishable and contain the word "corpe "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbrevia	r "Co". A professional co	corporated" or the abbreviati rporation name must conta	on "Corp.," in the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	ESS)		
C. Enter new mailing address, if applicable:			<del></del>
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			
			<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		nter the name of the	
Name of New Registered Agent	<del>_</del>		_ :' · · · ·
			一哥
	(Florida street address)		- `
New Registered Office Address:		, Florida	
	(City)	(Zip	Code)
New Registered Agent's Signature, if changing Registe	ered Agent:		
I hereby accept the appointment as registered agent. I an		e obligations of the position.	

Signature of New Registered Agent, if changing

## Check if applicable

 $\square$  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)

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	$\underline{\underline{V}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One)  Change	P	GONZALEZ, ZULEYMA	8200 NW 41 ST #100
Add			DORAL, FL 33161
X Remove			
(2) Change	CFO	PEREZ, HARVING Y	8200 NW 41 ST #100
Add			DORAL, FL 33161
$\sqrt{\frac{X}{X}}$ Remove Change	P	PENA ROJAS, MIGUEL A	8200 NW 41 ST #100
Add	<del></del>		DORAL, FL 33161
Remove			
4) X Change	VP	PUGLISI, PEDRO L	8200 NW 41 ST #100
Add			8200 NW 41 ST #100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Remove			= = = = = = = = = = = = = = = = = = = =
5) Change			
Add			
Remove			(T;
6) Change			
Add			
Remove			

E. Hamending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
IVA	<del></del>
	<del></del>
	<del></del>
	27.
	出版 管
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	ENDS JUL IN PH 4: 03
N/A	
	三
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	06/30/2023	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	W. 1/2022	
07. Effective date <u>if applicable</u> :	/01/2023	
<u>,</u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the L	block does not meet the applicable statutory filing requirements, this date w Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder action at	nd shareholder
☐ The amendment(s) was/were ach by the shareholders was/were:	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
L., 100		
by 100	(voting group)	
07/05/202	3	
Dated		
	HEVOL PROTOS	
Signature		
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	PENA ROJAS, MIGUEL A	_
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>
		PH # 03
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