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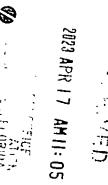
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COVER LETTER

Division of Corporations NAME OF CORPORATION: PROFESSIONAL TOWER SOLUTIONS, INC DOCUMENT NUMBER: <u>P23000021476</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CATALAN SERGIO ESPINOZA
Name of Contact Person Firm/ Company 906 M RIVERSIDE DR. UNIT LI Address POMPANO BEACH, FL 33062

City/ State and Zip Code professional towersolutions Comail. Lom
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

| PROFESSIONAL TOWER | Solutions, Inc |
|---|---|
| (Name of Corporation as | currently filed with the Florida Dept. of State) |
| P23000021476 | |
| (Document N | Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Stati its Articles of Incorporation: | utes, this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corpor | ration: |
| | The new |
| name must be distinguishable and contain the word "corpore "Inc.," or Co.," or the designation "Corp," "Inc." or "chartered," "professional association," or the abbreviation | ation," "company," or "incorporated" or the abbreviation "Corp.," "Co".—A professional corporation name must contain the word on "P.A." |
| B. Enter new principal office address, if applicable: | |
| (Principal office address <u>MUST BE A STREET ADDRES</u> | |
| | 7 |
| | |
| C. Enter new mailing address, if applicable: | Sign R |
| (Mailing address MAY BE A POST OFFICE BOX) | 75 = 0 |
| | <u> </u> |
| | |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office | |
| Name of New Registered Agent | |
| | |
| | Florida street address) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered ager ' im | ed Agent: familiar with and accept the obligations of the position. |
| | |
| — Signature | of New Registered 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> <u>Joh</u> | <u>ın Doc</u> | |
|-------------------------------|---|-----------------|---|
| X Remove | Y <u>Mi</u> | ke Jones | |
| X Add | <u>SV</u> <u>Sal</u> | lly Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| Change Add Remove | Durtit | SERGIO ESPINUZA | 25/4 HAWTHORNE AUG NINJOH N.J 07083 |
| 2) Change | | | |
| Remove 3) Remove — Add | | | |
| Remove 4)ChangeAdd | | | |
| Remove 5) Change Add | 100 (100 - 10 | | |
| Remove 6) Change Add | | | |
| Remove | | | |

| | ding additional Articles, if necessary). | (Be specific) | | | | |
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| f an amendment | provides for an excl | <u>nange, reclassifica</u> | ition, or cancellat | <u>ion of issued sha</u> | res, | |
| provisions for im | plementing the ame | endment if not cor | ntained in the am | <u>endment itself:</u> | | |
| (if not applice | ible, indicate N/A) | | | | | |
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| date this document was signed. Effective date if applicable: | | |
|--|---|------------------------------------|
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block of document's effective date on the Departm | loes not meet the applicable statutory filing requirements, the ent of State's records. | his date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adopted baction was not required. | by the incorporators, or board of directors without shareholde | r action and shareholder |
| ☐ The amendment(s) was/were adopted by the shareholders was/were sufficient | by the shareholders. The number of votes cast for the amend nt for approval. | ment(s) |
| must be separately provided for each | by the shareholders through voting groups. The following so woting group entitled to vote separately on the amendment(s) | tatement U |
| "The number of votes cast for the | e amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| Signature | president or other officer – if threctors of officers have not an incorporater – if in the hands of a receiver, trustee, or other uniary by that fiduciary) | er court |
| _15 | (Typed or printed name of person signing) | , PINOZA |
| | (Title of person signing) | |