P980000 91190

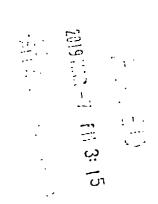
(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:

NAME OF CORPO	ration: <u>Sphere</u>	<u>e Commun</u>	ications Inc
DOCUMENT NUM	ber: <u>P980000</u>	91190	,
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Sarah Go		
		Name of Contact Person	n
	Sphere (DMM UNICO	tions, Inc.
	16318 E. C	heltenham	Dr.
	Loxahatcl		33470
City/ State and Zip Code			
	Spherecor E-mail address: (to be us	nm@bells sed for future annual report	outh net notification)
For further informatio	n concerning this matter, pleas	se call:	
Sarah	Gonzalez	at (_561	, 420-4371
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the 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)	Certificate of Status Certified Copy (Additional Copy

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

Articles of Amendment to

Articles of Incorporation of

Sphere Communication	ons Inc.
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P98000091190	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	71
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the
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)	N/A 17 17 15 15 15 15 15 15 15 15 15 15 15 15 15
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent Sarah Go	nzalez
16318 E.	Cheltenham Dr., Loxahatchee, 3347
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
Signature of New 1	Registered Agent, if changing

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 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)	Title	Name	<u>Addres</u> s
i) Khange	<u>V</u>	Miguel Gonzalez	16318 E Chettenham Dr.
Add			Loxahatchee, FL 33470
Remove			
2) Change	<u>P</u>	Sarah Gonzalez	16318 E. Cheltenham Di Loxahatchee, FC 33470
Remove			portunity of the
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			···
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)		
11/1			
<u> N/A</u>			
			· · · · · · · · · · · · · · · · · · ·
		•	
If an amendment provides for an excl	hange, reclassification	, or cancellation of issued shares,	
provisions for implementing the ame	ndment if not contain	ned in the amendment itself:	
(if not applicable, indicate N/A)		E Illan Elancas	= France
Exchange Ot	<u>517. 0</u>	The Shares	D T TUTT
Miguel GOOZG	alez to	f the Shares Sarah Gonza	ilez.
7 7 9 80 1 1 1 1 1			
			
51 Shares	out ot_	100	

The date of each amendment(s) adop	2/22/19	if other than the
date this document was signed.		
Effective date if applicable:		
***************************************	(no more than 90 days after amendment fil	e date)
Note: If the date inserted in this bloc document's effective date on the Depart	ek does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the tient for approval.	ne amendment(s)
	ved by the shareholders through voting groups. The fo ch voting group entitled to vote separately on the ame	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted action was not required.	ed by the board of directors without shareholder action	and shareholder
The amendment(s) was/were adopted action was not required.	ed by the incorporators without shareholder action and	shareholder
(By a directed, by a directed by a direc	cor, president or other officer - if directors or officers or an incorporator - if in the hands of a receiver, truste tiduciary by that fiduciary)	
	Miguel Goozalez	
	(Typed or printed name of person signing)	
	President	
_	(Title of person signing)	
NOTARY STATE OF FLORIDA		
County of Palm Beach		
The foregoing instrument was accepted by Mi 900 Ange	cknowledged before me this 27 day of Clark Z, who is persona as identification and who did / did not take an	Fe 5 Ily known to me or who has produced oath.
14		
Signature of Notary Print Notary	's Name	

Page 4 of 4

Seal:

