P99000 055 439

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COVER LETTER

TO: Amendment Section Division of Corporations

FAME OF CORPORATION: W TELECOMMUNICATIONS, INC.
OCUMENT NUMBER: P99000055439
The enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
Siselle Del Amo Name of Contact Person Zumpano Castro, U.C. Firm/ Company 500 S. DIXIE Highway #302 Address Coral Gables, Fl 33144 City/ State and Zip Code
Giselle. Ortizdelamo Wzumpano castro. com Email address: (to be used for future annual report notification)
or further information concerning this matter, please call:
GISEILE DEL AMU at (305), 503-2990 Name of Contact Person Area Code & Daytime Telephone Number
inclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status S43.75 Filing Fee Certified Copy (Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to Articles of Incorporation FILED

LD Tele	OMMUNICATIONS INC.
~	·
P9900	OD 55 439 SECRETARY OF STAFE ment Number of Corporation (if known) AHASSEE, FLORIDA
	In Statutes, this Floridu Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	The new ord "corporation," "company," or "incorporated" or the abbreviation p." "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	DRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	<u>ox</u>)
D. If amending the registered agent and/or registeness registered agent and/or the new registered	ered office address in Florida, enter the name of the d office address:
Name of New Registered Agent	
	(Floridu street address)
New Revistered Office Address:	, Flonda
New Kerimerea Office Hadress.	(City) (Zip Code)
	I am familiar with and accept the obligations of the position.
56	anguage of New 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.

Example: X Change	PT John	n Doc	
X Remove	Y Mik	e Jones	
X Add	<u>SV</u> Sall	y <u>Smith</u>	
Type of Action (Check One)	Title	Name	Address
l) Change	VP D	Felipe Lahrssen	212) ponce de Leon BLVD.
X Add	1		suite 200
Remove			coral Gables, Fl 33134
2) Cliange			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	 		
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, cuter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
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f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassion	fication, or conc contained in the	eilation of issue amendment it	ed shares. self:	

			<u> </u>		
	·		-		

The date of each amendment(s) a date this document was signed.	doption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) officient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
	2/1./10
Dated	
Signature	drector, president or other officer - if directors or officers have not been
(By al-	ed, by an incorporator – if in the hands of a receiver, trustee, or other court
	nted fiduciary by that fiduciary)
	fuen (anto
	Typed or printed name of person signing)
	(),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	577
	(Title of person signing)