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COVER LETTER

		COVER LETTER		3
TO: Amendment Secti Division of Corpo				SER TO AMOUNT
NAME OF CORPOR	ATION: Structured C.	abling Solutions, Inc.		
DOCUMENT NUMB	BER: P99000083;	347		3, 30
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.		1000年
Please return all corres	pondence concerning this ma	uter to the following:		
	Barbara H. Schreit	oman, Esq.		
		Name of Contact Perso	n	_
	Attorney-at-Law			
•		Firm/ Company		
	2645 Executive Pa	rk Drive		
-		Address		_
	Weston, Florida 3	3331		
-		City/ State and Zip Cod	le	_
	syeds@cabling-so		_	
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	concerning this matter, plea	se call:		
Barbara H. S	chreibman, Esq.	at + 954	389-1452	
Name o	f Contact Person		de & Daytime Telephone Num	ber
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:	
☑ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
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		

Articles of Amendment to Articles of Incorporation of

	Articles of Ar to Articles of Inc of			Se To
Structured Cabling Solution				
(<u>Name of</u>	Corporation as currently	v filed with the Florida De	pt. of State)	6
P99000083347				- 1 to 1
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation	adopts the foll	lowing amendment(s) to
A. If amending name, enter the new name	ne of the corporation:			
N/A				The new name
must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or "(Co". A professional corpo	ncorporated" ration name r	or the abbreviation
B. Enter new principal office address, if (Principal office address MUST BE A ST.)				
C. Enter new mailing address, if application (Mailing address MAY BE A POST O		N/A		
D. If amending the registered agent and new registered agent and/or the new			ame of the	
		-		
Name of New Registered Agent				
-				
	(Florida stre			
New Registered Office Address:	5632 NW 161 Stree		1 101144	33014
n e		(City)		(Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as register	inging Registered Agent: vd agent. I am familiar w	with and accept the obligation	ons of the posit	tion
· 	Signature of New R	egistered 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 Doc 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: X Change	<u> 174</u>	John D	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally S	mith_	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) 🗸 Change	PST	2	Shah, Syed A	5632 NW 161 Street
Add				
Remove				Miami Gardens, FL 33014
2) Change		_		
Add				
Remove				
3 + Change		_		· · · · · ·
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	il sheets, if necessar	y). (Be specific)			
N/A					
···					
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<u> </u>			<u> </u>		
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f an amendme	<u>it provides for an c</u>	Achange, reclassif	ication, or cancell	ation of issued shar	es,
<u>provisions for</u> (if not app	implementing the a icable, indicate NA	imendment if not ()	contained in the ar	nendment itself:	
N/A					
15/73				 -	
		-			
			· · ·		

the date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after	r amendment file date)
Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	voies east for the amendment(s)
The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separa	groups. The following statement tely on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient	for approvai
by(voting group)	P
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sha action was not required	reholder action and shareholder
The amendment(s) was/were adopted by the incorporators without shareho action was not required.	lder action and shareholder
Dated August 26, 2019 Signature	
(By a director, president or other officer – if directed, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	tors or officers have not been receiver, mistee, or other court
Syed A. Shah	
(Typed or printed name of pers	on signing)
President (and sole shareholde	er)
(Title of person sig	lund)