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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORAT		NITY TELECOM SEI	RVICE INC			
DOCUMENT NUMBER	MBER:P14000040305					
The enclosed Articles of A	mendment and fee are su	bmitted for filing.				
Please return all correspon	dence concerning this ma	tter to the following:				
		Sonia Becerr	a			
		Name of Contact Person	1			
		Swyft Filings				
		Firm/ Company				
12605 East Freeway Suite 540						
	Address					
	Houston, Texas 77015					
		City/ State and Zip Code	2			
	fil	lings@swyftfilings.d	com			
	E-mail address: (to be us	sed for future annual report	notification)			
For further information co	ncerning this matter, pleas	se call:				
Sonia Bed	erra	at (877	777-0450			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
nclosed 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)			
	Address		Address			
	nent Section	Amendment Section				
P.O. Box	of Corporations	Division of Corporations				
	see, FL 32314	Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

TRINITY TELECOM SERVICE INC

Corporation as currently fi	led with the Florida Dep	t. of State)	
P1400004	10305		
(Document Number of Co	orporation (if known)		
006, Florida Statutes, this Flo	rida Profit Corporation a	dopts the following	amendment(s) to
me of the corporation:			
ution "Corp," "Inc," or "Co	". A professional corpor		
f applicable:		· · · · · · · · · · · · · · · · · · ·	
<u>KEET ADDKESS</u>)			
cable: OFFICE BOX)			
	in Florida, enter the na	me of the	
	utions. LLC		
		415	
Hollywood	j	Florida 3302	1
		(Zip C	ode)
		SECREPOSITALLANDISSEE, FUOR	TI ED
	P140004 (Document Number of Co. O06, Florida Statutes, this Florida Statutes, the Statutes of the Composition, and the Statutes of the Composition of the Statutes, the Statutes of the Statutes, the Statutes of the Statutes of the Statutes, this Florida Statutes, the Statutes of the	(Document Number of Corporation (if known) (Torporation (if known) (In the word (if known) (Corporation (if known) (Corporation (if known) (Corporation (if known) (Corporation (if known) (City) (Plocida Street addression (if known) (City) (City)	(Document Number of Corporation (if known) 006, Florida Statutes, this Florida Profit Corporation adopts the following me of the corporation: ain the word "corporation." "company." or "incorporated" or the abution "Corp.," "Inc." or "Co". A professional corporation name must coion," or the abbreviation "P.A." [Applicable: REET ADDRESS] Wor registered office address in Florida, enter the name of the registered office address: LegalCorp Solutions, LLC 3440 W Hollywood Blvd. Suite 415 (Florida street address) Hollywood (City) Anging Registered Agent: red agent. I am familiar with and accept the obligations of the position.

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	<u>PT</u>	John De	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	<u>Dnes</u>	
X Add	<u>sv</u>	Sally Si	mit <u>h</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				
Remove				
2) Change				
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The date of each amendment(s) add	ption:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements artment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	nted by the shareholders. The number of votes east for the amer ficient for approval.	ndment(s)
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	; statement t(s):
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adop action was not required.	nted by the board of directors without shareholder action and sh	areholder
The amendment(s) was/were adopt action was not required.	nted by the incorporators without shareholder action and shareholder	older
Dated 2-2	20-18	
Dated 2-3		
Signature /		
By a dir	ector, president or other officer - if directors or officers have n	not been
selected.	, by an incorporator - if in the hands of a receiver, trustee, or of	ther court
appointe	ed fiduciary by that fiduciary)	
_	Alvin Moore	
	(Typed or printed name of person signing)	
_	fresidan J	
	(Title of person signing)	