571778

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: COMMUNITY TV SALES & SERVICE INC
DOCUMENT NUMBER: 571778
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSEPH BLAIR
Name of Contact Person
COMMUNITY TV SALES & SERVICE INC Firm/ Company
9091 N. MILITARY TRL #1
Address
Pour BEACH GARDENS FL 33410 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOSEPH BUIR at (561) 310-1500 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed 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) \$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

COMMUNITY TV SALES & SERVICE	= lxc
(Name of Corporation as currently	filed with the Florida Dept. of State)
571778	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
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)	
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	دب ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	of address)
(Pioritai siree	n daaress)
New Registered Office Address: (C	, Florida
	th and accept the obligations of the position. gistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (example 2).	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)

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> <u>John</u>	<u>ı Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	JOSEPH BLAIR	8493 LEGEND CLUB CIR
Add			WEST PALM BEACH FL
Remove			33412
2) X Change	<u>\</u>	GREGORY BLAIR	104 VIA ESCOBAR PL
Add		'	PALM BEACH GARDENS FL
Remove 3) X Change	<u>5T</u>	GERALDINE BLAIR	33418
Add			8493 LEGENTO CLUB CIR
Remove			WEST PAUM BEACH FL
4) Change			33412
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional s	ing additional Arti- weets, if necessary).	(Be specific)			
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f an amendment	rovides for an eych	nange, reclassificatio	n or cancellation o	ficewad charac	
provisions for im	elementing the ame	ndment if not contain	ined in the amenda	nent itself:	
(if not applica	ble, indicate N/A)				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: AUGUGT 17, 2020	
Effective date if applicable: AUGUST 17, 2020 (no more than 90 days after amendment fil	e date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without action was not required.	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The famust be separately provided for each voting group entitled to vote separately on the ame	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by	
Signature (By a director, president or other officer – if directors or officers selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary) (Typed or printed name of person signing)	ee, or other court
(Typed dr printed name of person signing)	
PRESIDENT	
(Title of person signing)	