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TALLAHASSEE, FLORIDA

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COVER LETTER

*TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TShuva	FM	Commo nico	ation lac
DOCUMENT NUMBER: N 10000			
The enclosed Articles of Amendment and fee are subm	nitted for fili	ng.	
Please return all correspondence concerning this matte	r to the follo	wing:	
Mariano Oto (Name of C	2 / U Contact Person	on)	
TShuva FM (Firm/	COMVM _L Company)	INICATION 1	NC
P.O. Box 8	1350	6	
(Ad	ddress)		
Hollywood, Fl (City/State	337	081	
(City/ State	and Zip Coo	de)	
LOS Caminos de la E-mail address: (to be used	srael @	Yahoo .com	
		inual report notification	on)
For further information concerning this matter, please	call:		
Muriand Oterson) (Name of Contact Person)	at (78	6. 306-	8211
(Name of Contact Person)	(A	rea Code & Daytime	Telephone Number)
Enclosed is a check for the following amount made pay	yable to the I	Florida Department of	State:
\$35 Filing Fee \$\bigcup \$43.75 Filing Fee & Certificate of Status	Certified ((Additional enclosed)	al copy is	☐ \$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	Ai Di Cl 26	reet Address mendment Section ivision of Corporations ifton Building 61 Executive Center Ci Illahassee, FL 32301	rcle

Articles of Amenument	
to	
Articles of Incorporation	n 10 AUG 2
of	SEC. SEC. PM.
Shoua FM Communication as currently filed with the Flo	ation Talkahasalohar
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
N10000006643	
(Document Number of Corporation (if	`known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

The new name must be distinguishable and c abbreviation "Corp." or "Inc." <u>"Company"</u>		
3. Enter new principal office address, if app Principal office address <u>MUST BE A STREI</u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
. If amending the registered agent and/or	registered office address in Florida,	enter the name of the
new registered agent and/or the new reg		enter the name of the
	istered office address:	enter the name of the
new registered agent and/or the new reg		enter the name of the
new registered agent and/or the new reg Name of New Registered Agent:	istered office address:	enter the name of the
Name of New Registered Agent:	(Florida street address) (City) ing Registered Agent:	, Florida (Zip Code)

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>Sec</u>	Omaira Reyes	2742 SW8-1655 #216 Miami, FI 33135	Add Remove
Trea	Nagra Gonzalez	1964 Leather Leaf Dr Mairiela GA 30008	☐ Add ☐ Remove
			☐ Add ☐ Remove
(attach ada	ng or adding additional Articles, enter litional sheets, if necessary). (Be speci	ific)	<i>u</i>
	ub sidy Organization		rella ut
Los	Caminos De Israel		
Fil	N#61-162-0	0280	
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The date of each amendment(s) adoption: (date of adoption is required) Effective date if applicable:
(date of adoption is required)
Effective date if applicable: 170505 + 11, 2010 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 8-11-2010 Signature Admin Atin
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Mariano Dtero (Typed or printed name of person signing)
(Title of person signing)

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