

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230002752873)))



H230002752873ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6380

From:

All 6: 16

2023 AUG - 8

Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.
Account Number	: 120000000019
Phone	: (305)552-5973
Fax Number	: (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Ema	11	Address:	

COR AMND/RESTATE/CORRECT OR O/D RESIGN CAMARA INTERNACIONAL DE MEDIOS MASIVOS DE COMUNICACI

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu Corpo

Corporate Filing Menu

Help



. .

Articles of Amendment	
to ,	
Articles of Incorporation	
oř	
CAMARA INTERNACIONAL DE MEDIOS MASIVOS DE COMUN	<u>"CACION</u> IN
(Name of Corporation as currently filed with the Florida Dept, of State)	
N1500002671	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> amendment(s) to its Articles of Incorporation:	adopts the followin
A. If amending name, enter the new name of the corporation:	
	2997
the second se]he net "Corp " or "inc
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviatio "Company" or "Co." may not be used in the name.	n corp. or me.
Company of cos may not be aged in the name.	
B. Enter new principal office address, if applicable: N/A	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	·
	•
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
(Maning address MAT BE A TOST OFFICE BOA)	
······································	
·· ·	
D. If amending the registered agent and/or registered office address in Florida, enter the name of t	he
new registered agent and/or the new registered office address:	
N/A.	
Name of New Registered Agent:	
(Florida street address)	
<u>New Registered Office Address</u> :	
, Florida,	
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the	e position.
Signature of New Registered Agem. if changing	
· · · · · · · · · · · · · · · · · · ·	
Page 1 of 4	

.

.

•

.

.

-

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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>V</u> <u>Mi</u>	un Doe ke Jones Ily Smith		
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
I) Change	T	Rodriguez ARENIdes I	7348 WZOAVE HIA le	аHFLЗ
Add Remove		an An an		
2) Change				
Add			· ·	
Remove		<u> </u>	······································	
Add Remove				
4) Change				
Add				
Remove				
5) Change	<u> —</u>			
Remove				
6) Change				
Remove		Page 2 of 4		

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)





.

.

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 08/8/2023	
(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 amen iment(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 <u>8/8/2023</u> Signature Alter LAMIREZ (9)	
(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)	_
(Typed or printed name of person signing)	
Tresident	
(Title of person signing)	

. .

. .

÷

..

..

. . .

.

· .

.

Page 4 of 4

,

. .