P00000005892

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To: Amendment Section
Division of Corporations

NAME OF COR	PORATION:	PRISA, INC.	
DOCUMENT NU	JMBER:	P0000005892	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
		Tania X. Mercado	
	,N	ame of Contact Person	
	G	LR Services, Inc.	
		Firm/ Company	
	4770 Biscayne Blvd. Suite 700		
Address			
	Miami, FL 33137 City/ State and Zip Code		
			-
	tmercae E-mail address: (to be use	do@prisaint.com d for future annual report notification)	
For further informa	ation concerning this matter,	please call:	
Ta	ania X. Mercado	at (305) 438	
Name	of Contact Person	Area Code & Daytime Telep	shone Number
Enclosed is a check	k for the following amount m	nade payable to the Florida Departn	nent of State:
□ \$35 Filing Fee		☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2011 JAN 10 A 10: 38

	RISA, INC.	HECKETARY OF STATE
(Name of Corporation as curre	ently filed with the Florida Dept. of	(State) MELANASTEE, PLGRID
P00	000005892	
	nber of Corporation (if known)	
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this Florida Pro	ofit Corporation adopts the following
A. If amending name, enter the new name of	f the corporation:	
	A DIGITAL INC.	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc," or "Co	". A professional corporation
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or a new registered agent and/or the new registered.		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	·
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a	ng Registered Agent: ngent. I am familiar with and accept	the obligations of the position.
	Signature of New Registered 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)

Title ·	Name	Address	Type of Action
-			
	4.00		
			
E. If amen (attach a	ding or adding additional Article additional sheets, if necessary). (es, enter change(s) here: Be specific)	
<u>provisi</u>	mendment provides for an excha- ons for implementing the amend- not applicable, indicate N/A)		
			16-16-16-16-16-16-16-16-16-16-16-16-16-1

The date of each amendment	(s) adoption: DECEMBER 1, 2010
Effective date <u>if applicable:</u>	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated_Dece	mber 9, 2010
selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	lnigo Dago Elorza
	(Typed or printed name of person signing)
	Secretary
	(Title of person signing)