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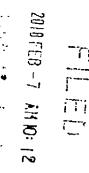
(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ddress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	me)	
(Do	ocument Number))	
Certified Copies	_ Certificate:	s of Status	
Special Instructions to Filing Officer:			

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: SKY MEDIA, INC		<u></u>
DOCUMENT NUMB	ER:		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this made	tter to the following:	
!	Marcela Angulo		
-	Muled	Name of Contact Person	
•		Firm/ Company	
:	200 Biscayne Blvd Way St	uite 4801	
-	-	Address	
H	Miami, FL 33131		
-		City/ State and Zip Code	:
mpazi	@skymediatv.com		
		sed for future annual report	notification)
		•	,
For further information	concerning this matter, pleas	se call:	
Marcela Angulo		786 at (6635200
Name o	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section in of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SKY MEDIA, INC.				
(Name of Co	orporation as currently	filed with the Florida Dept.	of State)	
P00000116020				
	(Document Number of C	Corporation (if known)	_	
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	6, Florida Statutes, this F	lorida Profit Corporation add	opts the following a	mendment(s) to
A. If amending name, enter the new name	of the corporation:			
SKY MEDIA PAY, Inc.			7	he new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	on "Corp." "Inc." or "C	o". A professional corporal	rated" or the abhi	reviation
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE		N/A		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) D. If amending the registered agent and/or	FICE BOX)	N/A	a of the	2010 FFB -7 1140:
new registered agent and/or the new re		ss in riorida, enter the nam	e of the	12
Name of New Registered Agent			••	
				
	(Florida sıree	(address)	.	
N/W N · · · · · · · · · · · · · · · · · ·	/ A	·	mi 'a	
New Registered Office Address:	(0		Florida(Zip Cod	<u>de)</u>
New Registered Agent's Signature, if change I hereby accept the appointment as registered	d agent. I am familiar wi		of the position.	
	Signature of New Re	gistered 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)

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.

X Change	<u>PT</u>	John Doe	<u>e</u>		
X Remove	<u>v</u>	Mike Jor	nes		
X Add	<u>sv</u>	Sally Sm	<u>aith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
l) Change	N/A	_	N / A	<u>-</u>	
Add					
Remove					
2) Change		_			
Add					
Remove					
3) Change					
Add		_			
Remove					
Kemove					
4) Change					
Add					
Remove					
5) Change		_		·	***
Add					
Remove					<u> </u>
6) Change					
		_			
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N / A	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	

The John of each accordance	N / A t(s) adoption:	if other than the
The date of each amendmen date this document was signed	·(-) ······	, ii omer man me
Ť	N/A	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will he Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) rere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
31 J. Dated	ANUARY 2018	
Signature _	Hil.	
(s	By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
	MARCELA ANGULO	
	(Typed or printed name of person signing)	
	PSTD	
	(Title of person signing)	