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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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C. LEWIS

NOV 8 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: MK MED	IA CORP			
DOCUMENT NUMBER	P01000100	0479			
The enclosed Articles of A	mendment and fee are so	ubmitted for filing.			
Please return all correspond	dence concerning this ma	atter to the following:			
Eulogio Garcia					
<u></u>		Name of Contact Perso	n		
MI	MK Media Corp				
		Firm/ Company			
99	999 Ponce de Leon Blvd., Suite 50				
		Address			
Co	ral Gables, FL	. 33145			
		City/ State and Zip Cod	c		
egarci	a@mktravel.co	om			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information con	cerning this matter, pleas	se call:			
Eulogio Garcia	· 	at (305	648 7213		
Name of Co	ntact Person		de & Daytime Telephone Number		
Enclosed is a check for the	following amount made	payable to the Florida Depa	ertment of State:		
□ \$35 Filing Fee	■\$43.75 Filing Fce & 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
		r ditaits	10000, 1 II 0200 I		

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Articles of Amendment 1 Articles of Incorporation of

13 NOV -5 PM 12: 38 SECRETARY OF STATE TALLAHASSEE, FLORIDA

MK MEDIA CORP

(Name of Corporation as currently filed with the Florida Dept. of State) D01000100470

nendment(s) to

	PU 1000 1004 /	79		
(Docume	nt Number of Corporation	(if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corp	oration adopts the following ame	ndme
A. If amending name, enter the new n	ame of the corporation:			
N/A			The	
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associe	nation "Corp," "Inc," or	"Co". A professiona	"incorporated" or the abbrevi	ation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address v registered office addres	dress in Florida, ente ss:	r the name of the	
Name of New Registered Agent	Eulogio Garcia			
	999 Ponce de L	eon Blvd., Su	ite 50	
	(Florida s	treet address)		
New Registered Office Address:	Coral Gables		Florida FL 33145	
	(CIt)	")	(Zip Code)	
New Registered Agent's Signature, if chereby accept the appointment as regist	nanging Registered Agen ered agent. Janl familiar	<u>t:</u> with and accept the o	bligations of the position.	
Sis	nature 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)

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	PT Jol	<u>ın Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SY</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		Maria Amelia Cachaldora	999 Ponce de Leon Blvd.
Add			Suite 50
Remove			Coral Gables, FL33134
2) Change	D	Juan L. Aguirre	999 Ponce de Leon Blvd.
Add			Suite 50
Remove			Coral Gables, FL33134
3) Change	D	Rafael Villoldo	999 Ponce de Leon Blvd.
Add			Suite 50
Remove			Coral Gables, FL33134
4) Change	DP	Hidalgo Juan Jose	999 Ponce de Leon Blvd.
Add			Suite 50
Remove			Coral Gables, FL33134
5) Change	DVP	Eulogio Garcia	999 Ponce de Leon Blvd.
Add			Suite 50
Remove			Coral Gables, FL33134
6) Change	TS	Hidalgo Juan Jose	999 Ponce de Leon Blvd.
Add			Suite 50
Remove			Coral Gables, FL33134

(Attach additional sheets, if necessary).	cles, enter change(s) hore: (Be specific)	Ī
I/A	•	
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·		

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If an amendment provides for an excha	and made or identical an expense	lation of iggued shows
it an Amenginent broames for an excit	dment if not contained in the a	mendment itself:
provisions for implementing the amen		
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13 NOV -5 PM 12: 38

The date of each amendment(s	s) adoption; <u>8/25/2013</u>	TALLAHASSOF	if other than the
date this document was signed.		192,	$(-\Omega_I(\Omega)_{IA})$
Effective date if applicable:	8/25/2013		_
	(no more than 90 days afte	er amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of e sufficient for approval.	f votes cast for the amendment(s)	
	approved by the shareholders through voting for each voting group entitled to vote separa		
"The number of votes of	east for the amendment(s) was/were sufficient	t for approval	
by	(voting group)	"	
	(voting group)		
The amendment(s) was/were action was not required.	adopted by the board of directors without sh	nareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareho	older action and shareholder	
Dated Signature	10/29/2017		
(By sele	a director, president or other officer — if directed, by an incorporator — if in the hands of soluted fiduciary by that fiduciary)		_
	Eulogio Garcia		
	(Typed or printed nam	e of person signing)	
	DVP Vicepreside (Title of perso	on signing)	-