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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	LATION: /NFOMOVIL	TELEVISION +	SYSTEMS CORP	
	ER: <u>P0/000/0</u>			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corres	pondence concerning this ma	atter to the following:		
	JAMES MERO	Name of Contact Person		
•		Name of Contact Person	n	
		Firm/ Company		
	848 BRICKE	Address	STE 810	
		33/3/ City/ State and Zip Code		
·				
	E-mail address: (to be us	dent dadtect	notification)	
		see for intere mulan report	nonneauon)	
For further information	concerning this matter, pleas	se call:		
JAMES	MERCED	at (7 86	de & Daytime Telephone Number	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ing Address ndment Section		Address ment Section	
	tion of Corporations		n of Corporations	
	Box 6327	The Centre of Tallahassee		
Talla	hassee, FL 32314		N. Monroe Street, Suite 810	
		Tallaha	issee, FL 32303	

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Articles of Amendment to Articles of Incorporation of

INFOMOVIL TELEVISION +	SYSTEMS CORP	
	filed with the Florida Dept. of State)	
PO 1000 10 4 8	787 Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:		g amendment(s)
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation professional corporation name must contain	_The new n "Corp.," i the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		 ·
	50	2020
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	700 200 200 200	FEB TO
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:		သို့
Name of New Registered Agent		
(Florida stree	at address)	
New Registered Office Address:	•	
	City) Florida (Zip C	ode)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.	
Signature of New Res	zistered Agent, if changing	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (example 1) (11) (example 2) (example	e), F.S.	

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:

X Change	PT John	n Doe			
X Remove	<u>V</u> <u>Mik</u>	Mike Jones			
X Add	<u>SV</u> Sall	y Smith			
Type of Action (Check One)	<u>Title</u>	Name	Address		
1) Change	_5_	MARIA P MERCED	848 BRICKELL AVE STE 810		
Add			MIAMI FL 33/3/		
Remove			•		
2) Change	<u>S</u>	ANDRES SANCHEZ	848 BRICKELL AVE STE 8/0		
X Add			MIAMI FL 33131		
Remove Change					
Add		7 7 88			
Remove					
4) Change					
Add		,			
Remove		7 7 No 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
5) Change					
Add			•		
Remove					
6) Change		7			
Add					
Remove					
		- 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (

	lding additional A sheets, if necessary). (Be specific)			
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<u>in amendment</u>	provides for an ex	change, reclassif	ication, or cancell	ation of issued sh	ares,
envisione for im	ible, indicate N/A)	nengment it not t	contained in the a	menament itseit:	
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The date of each amendment(s) adoption this document was signed.	otion: JAWWARY 31	2020	, if other than the
Effective date if applicable:			
	(no more than 90 days t	after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Department	k does not meet the applicable surtment of State's records.	atutory filing requirements, this d	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board of	f directors without shareholder act	tion and shareholder
The amendment(s) was/were adopte by the shareholders was/were suffice	ed by the shareholders. The numberient for approval.	er of votes east for the amendment	t(s)
☐ The amendment(s) was/were approx must be separately provided for each	ved by the shareholders through vo ch voting group entitled to vote sep	ting groups. The following staten parately on the amendment(s):	nent
"The number of votes cast for	the amendment(s) was/were suffic	cient for approval	
by	(voting group)	, , , , , , , , , , , , , , , , , , ,	
	(voting group)		
Dated	B 0/1, 2020		
Signature		1' 0" 1	
(By a direct	tor, president or other officer - if only aritine or porator - if in the hands	of a receiver trustee, or other cou	i set
appointed	fiduciary by that fiduciary)	or a receiver, trustee, or outer cor	м
	JAMES MERCE	·D	
	TAMES MERCE (Typed or printed name of	person signing)	
	CFO		
	(Title of person signing)		