## P06000160670

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	NEW CONCEPT	MEDIA INC	
DOCUMENT NUME			<del></del>
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	GREGORIO MAYI		
,		Name of Contact Persor	1
	NEW CONCEPT MEDIA IN	ΝĊ	
		Firm/ Company	
	16758 CEDAR RUN DR		
		Address	
	ORLANDO FL 32828		
	<u> </u>	City/ State and Zip Cod	e
 For further information	E-mail address: (to be us	sed for future annual report	notification)
GREGORIO MAYI		at ( 407	616-3953
OREGORIO MAYI  Name of Contact Person  at (407 ) 616-3953  Area Code & Daytime Telephone N		de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made		
S35 Filing Fee	☐S43.75 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  Iment Section  on of Corporations  Building  Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

NEW CONCEPT MEDIA INC

	<u> </u>
(Name of Corporation as currently	iled with the Florida Dept. of State)
P06000100670	
(Document Number of C	Orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F7$ its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	<del></del>
(Florida street	address)
New Registered Office Address: (C	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wit  Signature of New Reg	h and accept the obligations of the position.  A SSELLAR SELLAR 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	S	JOSE R. MAYI	16758 CEDAR RUN DR
X Add			ORLANDO, FL 32828
Remove			<del></del>
2) Change			
Add			
Remove			
3 ) Change		***************************************	
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			_
Add			
Remove			
6) Change			
Add	<del></del>		
Add Remove			
Kemove			

Attach additional sheets, if necessary).	(Be specific)			
				- <del>-</del>
		•-		
			<u> </u>	
	<del></del>			
			* ** **********************************	-
<del>.</del>				
f an amendment provides for an exc	hange, reclassification	or cancellation of is	sued shares.	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contain	ed in the amendment	itself:	
(y nor appreciant, mineral cons				
,	<del> </del>			
1-7				
····	<del></del>			

•	. 08/02/2018	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
08/ Effective date <u>if applicable</u> :	02/2018	
Effective date <u>if applicative</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated × 08/	(QZ/2018	
Signature X		
	lirgetir, president or other officer – if directors or officers have not been	
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoir	nted fiduciary by that fiduciary)	
	GREGORIO MAYI	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	