P0900063943

(Re	equestor's Name)			
(Ac	ldress)			
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(Ci	ty/State/Zip/Phon	e #)		
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(Bi	usiness Entity Nar	me)		
(Do	ocument Number)	<u></u> .		
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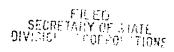
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Latin Media Co	orp
DOCUMENT NUMBER: P09000063943	
The enclosed Articles of Amendment and fee ar	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Maria A Guerra	
	Name of Contact Person
Latin Media Corp	
	Firm/ Company
8725 NW 18TH TERRA	CE Suite 405
	Address
DORAL, FL 33172	
	City/ State and Zip Code
jescalante@latinmediacorp.net	
E-mail address: (to b	be used for future annual report notification)
For further information concerning this matter, p	blease call:
Maria Guerra	at (954 <u>3266686</u>
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
\$35 Filing Fee Certificate of Statu	& \$\sumsymbol{\Pi}\$\$\\$43.75 Filing Fee & \$\sumsymbol{\Pi}\$\$\$\\$52.50 Filing Fee \text{Certified Copy} & Certificate of Status \text{Certified Copy} & Certified Copy \text{enclosed}\\$ (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

Articles of Amendment to Articles of Incorporation of



(Name of Corneration	
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P09000063943	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	poration:
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association." or the al	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDR	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(Florida street address) , Florida

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>	Name	Address
1) X Change	P	Jose I Escalante	8725 NW 18TH TERRACE # 405
Add			DORAL, FL 33172
Remove			
2) X Change	VP	Maria A Guerra	8725 NW 18TH TERRACE # 405
Add			DORAL, FL 33172
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

I/A	C. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
/A					
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	amendment provides for an exclisions for implementing the ame	ange, reclassification	or cancellation of i	ssued shares,	
If an a		nament ii not coman	ieu in the amenumen	t nacm.	
prov	(if not applicable, indicate N/A)				
prov:	(if not applicable, indicate N/A)				
prov:	(if not applicable, indicate N/A)	***************************************			
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prov (if not applicable, indicate N/A)				
prov	if not applicable, indicate N/A)				

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	1/2017	
Effective date if applicable:	7/2016	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date wartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	1 91
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	SEGRETARY OF STREET AND A PH 16 HAR 21 PH
03/17/2016 Dated		P Tab
Signature /	Dende C. Gerence	1:40
(By 4 di selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Maria A Guerra	
-	(Typed or printed name of person signing)	
	President	
-	(Title of person signing)	