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SECRETARY OF STATE

Amend CC Name Ch8

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: SPOT4 PART	Y MAGAZINE CORP	
DOCUMENT NUMI	BER: 27-3479061		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	XILMA D. RI	VERA FERNANDEZ	
	(Name of	Contact Person)	
	SPOT4PART	Y MAGAZINE CORP	
****	(Fi <b>m</b>	n/ Company)	
	3982 No	OKOMIS AVE.	
<del></del>	(	Address)	
	WEST PALM	BEACH, FL 33409	
	(City/ Sta	te and Zip Code)	<del></del>
		OT4PARTY.COM	
	E-mail address: (to be use	ed for future annual report notifi-	cation)
For further informatio	n concerning this matter, pleas	e call:	
XII MA D. RIVERA	FERNANDEZ	561 \ 536-82	26
	of Contact Person)	at ( 561 ) 536-82 (Area Code & Dayt	ime Telephone Number)
Enclosed is a check fo	r the following amount made p	payable to the Florida Departme	nt 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)
Amen Divisi P.O. E	ng Address dment Section on of Corporations lox 6327 assee FL 32314	Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**

#### SPOT4PARTY MAGAZINE CORP

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

(Document Number of Corporat	ion (ii known)
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	, this <i>Florida Not For Profit Corporation</i>
A. If amending name, enter the new name of the corporation	<u>n:</u>
SPOT4PARTY MAGAZII	NE INC.
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may not	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3982 NOKOMIS AVE.
	WEST PALM BEACH
	FL. 33409
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3982 NOKOMIS AVE.
	WEST PALM BEACH
	FL. 33409
D. If amending the registered agent and/or registered office	address in Florida, enter the name of t

<u>he</u> new registered agent and/or the new registered office address:

XILMA D. RIVERA FERNANDEZ Name of New Registered Agent: 3982 NOKOMIS AVE. (Florida street address) New Registered Office Address:

> Florida 33409 WEST PALM BEACH FL. (City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Page 1 of 3

# 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)

<u>Title</u>	Name	<u>Address</u>	Type of Action
P/D	RAMIREZ, GISELA	9835-16 LAKE WORTH ROAD SUITE 170 LAKE WORTH, FL 33467	☐ Add ☐ Remove
P/D	Xilma D. Rivera Fernandez	3982 NOKOMIS AVE. WEST PALM BEACH FL.33409	☑ Add ☐ Remove
<del></del>			☐ Add ☐ Remove
	or adding additional Articles, enter clional sheets, if necessary). (Be specific		
		world the former or the second	
			<u> </u>

The date of each amendment(	(s) adoption: <u>09/21/2010</u>
Effective date <u>if applicable</u> :	(date of adoption is required) 09/21/2010
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer was/were sufficient for appro	e adopted by the members and the number of votes cast for the amendment(s) oval.
There are no members or madopted by the board of directions.	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
have	the chairman or vice chairman of the board, president or other officer-if directors on to been selected, by an incorporator – if in the hands of a receiver, trustee, or recourt appointed fiduciary by that fiduciary   XILMA D. RIVERA FERNANDEZ  (Typed or printed name of person signing)
	PRESENDENT
	(Title of person signing)