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SECRETARYOUS SALESTALL ABASSEL FLORIST

C. LEWIS

MAY 7 2014

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CODDO	RATION: AUDIENCE	E OF ONE COR	PORATION		
	BER: P1000008761				
	of Amendment and fee are su				
Please return all corres	spondence concerning this ma	tter to the following:			
	JOSE LEMOS				
		Name of Contact Person	n		
	7954 NW 198 TE	RRACE			
	,	Firm/ Company	<u> </u>		
		Address			
	HIALEAH FLORI				
		City/ State and Zip Cod	e		
AS	STENCIALEGAL	522@HOTMAIL	COM		
		sed for future annual report			
For further information	n concerning this matter, pleas	se call:			
JOSE LEMO	S	at (786	, 2044251		
Name o	of Contact Person		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	■\$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			Address Iment Section		
	sion of Corporations	Division of Corporations			
	Box 6327	Clifton Building			
Talla	shassee, FL 32314		2661 Executive Center Circle		
		Tallahassee, FL 32301			

APPROVED AND FILED

Articles of Amendment to Articles of Incorporation

14 APR 28 PM 12: 52

SECRETARY OF STATE TALL AHASSEE, ELORIDA

AUDIENCE OF ONE CORPORATION

ADDIENCE OF ONE CO	TO TATION	TALLAHASSLER LUNDA
•	currently filed with the Florida Dep	t. of State)
P10000087610		
(Documer	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Pro</i>	ofit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
HorizonteMusica inc		The new
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa B. Enter new principal office address, (Principal office address MUST BE A S C. Enter new mailing address, if appli (Mailing address MAY BE A POST of the content of the professional association with the content of the conten	ation "Corp," "Inc," or "Co". A prition," or the abbreviation "P.A." if applicable: TREET ADDRESS) cable: OFFICE BOX d/or registered office address in Flor	any," or "incorporated" or the abbreviation rofessional corporation name must contain the
new registered agent and/or the nev	v registered office address:	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent	Jose Lemos	
	7954 NW 198 Terrace	
	(Florida street address)	
New Registered Office Address:	Hialeah	, Florida_33015 (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if classification in the second		

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	<u>Iohπ Doe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	N/	<u> </u>	
Add Remove			
2) Change	w/1	4	
Add	,		
Remove 3) Change	NL	4	
Add	10/11	<i>L</i>	
Remove	,		
4) Change	N/X		 **************************************
Add Remove	/		<u> </u>
5) Change	NIA	Į	
Add	7		
Remove			
6) Change	MA	<i>-</i> ————	
Add	/		
Remove			

E. If amend	<mark>ing or adding a</mark> Iditional sheets,	dditional Artic	les, enter cha	inge(s) here:			
(Attach da	uunonai sneeis, La	ij necessary).	(Бе ѕресіліс)				
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. If an ame	endment provid	es for an excha	inge, reclassif	lication, or ca	ncellation of is	sued shares,	
<u>provisio</u> (if n	<mark>ns for impleme</mark> ot applicable, in	nting the amen dicate N/A)	dment if not	contained in t	he amendmen	<u>t itself:</u>	
	or apprication, in	11/11)					
p/A	•						
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APPROVED AND FILED

	t(s) adoption: AFRIL 25,2014	14 APR 28 PM 12: 52	, if other than the
date this document was signed		SECRETARY OF STATE	
Effective date if applicable:	APRIL 25,2014	SECRETARY OF STATE TALLAHASSEE FLORIDA	····
	(no more than 90	days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)		
	re adopted by the shareholders. The rere sufficient for approval.	number of votes cast for the amendment(s)	
	re approved by the shareholders throu ed for each voting group entitled to vo	igh voting groups. The following statement ote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were	sufficient for approval	
by		,,,	
	(voting group)		
The amendment(s) was/we action was not required.	re adopted by the board of directors w	vithout shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators witho	ut shareholder action and shareholder	
Dated_APF	RIL 25,2014		
Signature _	Jor Canas	<u>ls</u>	
•	<u>.</u>	r – if directors or officers have not been hands of a receiver, trustee, or other court	
	ppointed fiduciary by that fiduciary)	naitus of a receiver, dustee, of other court	
	LARRY CANALES		
	(Typed or pri	nted name of person signing)	
	VPSD		
	(Title	of person signing)	