P11000037003

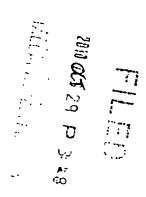
(F	Requestor's Name)	
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COYER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: XCOOP MEDIA 1	NC	
DOCUMENT NUME	BER: P11000037003		· ·
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	CHRISTINE COOPER		
		Name of Contact Person	1
	HXECUTE		
		Firm/ Company	
	100 SW 10TH ST #507		
		Address	
	MIAMI, FL 33131		
		City/ State and Zip Cod	e
COO	P@XCOOPMEDIA.COM		
-11	E-mail address: (to be us	sed for future annual report	notification)
For further information	reoncerning this matter, pleas	se call:at (655-9764
Name o	of Contact Person	at (Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made		
■ \$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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

XCOOP MEDIA INC	
(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
P11000037003	
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation	on:
	The new oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the ation "P.A."
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 new registered agent and/or the new registered office ad	
Name of New Registered Agent	
	rida street address)
	, Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam Signature of I	

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.

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	<u>Addres</u> s
1) Change	VD	HEATHER READ	100 SW 10TH ST #507
X Add			MIAMI, FL 33131
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) HE ADDED DIRECTOR WILL BECOME A SHAREHOLDER ASSIGNED 50% OF EXISTING SHARES.	If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
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HE ADDED DIRECTOR WILL BECOME A SHAREHOLDER ASSIGNED 50% OF EXISTING SHARES.	provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	HE ADDED DIRECTOR WILL BECOM	ME A SHAREHOLDER ASSIGNED 50% OF EXISTING SHARES.
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	t
"The number of votes can	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
10/24/20 Dated		
Signature	Christine Cooper	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other count need fiduciary by that fiduciary)	
	CHRISTINE COOPER	
	(Typed or printed name of person signing)	
	PST	
	(Title of person signing)	