P3000

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And

AUG 26 2016

R. WHITE



COVER LETTER

Division of Corpo	rations			
NAME OF CORPORATION: IC RADIO MUSIC CORP. DOCUMENT NUMBER: P13000008894				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
- -	TC RA 127 Kissi	Name of Contact Person A Company A Company A Company Address Address M M C FL City/ State and Zip Code R CCL 9 Red for future annual general	Corp. Drive	
For further information concerning this matter, please call:				
JOSEFINA	CALLERON	at (<u>407</u>	690-3886	
Name of Contact Person at (407) 690-3886 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department 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

TO: Amendment Section

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

	Articles of Amendment	16 AUG 18 PH 12: 20
	to Articles of Incorporation	SEC 25 - 1 11 12: 20
IC RADIO	MUSIC	CORP.
(Name of Corpora	tion as currently filed with	the Florida Dept. of State)
P130	00008894	
(Docu	ment Number of Corporation	n (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this Florida Pro	fit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the o	corporation:	
	NA	Thenew
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	p, " "Inc," or "Co". A pro	nny," or "incorporated" or the abbreviation ofessional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	<u>DRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>	NA
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Flori	da, enter the name of the
Name of New Registered Agent	NA	
•	/	·
	(Florida street address)	
New Registered Office Address:	(City)	. Florida
		, ,

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

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

Signature of New/Registered Agent, if changing

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	<u>Addres</u> s
1) Change	VP	RAYMOND CALDERON	2690 King OAKCIRCLE
_X∧dd)	SAINT Cloud
Remove			Florida 34769
2) X Change	T	SONIA I BERRIOS	127 Alderwood Drive
Add			Kissim Mee
Remove			Florida, 34743
3) Change		 	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			·
Add			
Remove			
6)Change			
Add		-	
Remove		, , ,	

	(Be specific)	/		
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f an amendment provides for an exch	ange, reclassification	on, or cancellation of	issued shares,	
provisions for implementing the ame	nament if not conta	ined in the amendme	ent itseli:	
(if not applicable indicate N/A)	1,			
(if not applicable, indicate N/A)	1/			
(if not applicable, indicate N/A)	N/L	1		
(if not applicable, indicate N/A)	N/A	2		
(if not applicable, indicate N/A)	N/4			
(if not applicable, indicate N/A)	N/ <u>k</u>			
(if not applicable, indicate N/A)	N/4	2		
(if not applicable, indicate N/A)	N/4			
(if not applicable, indicate N/A)	N/4			
(if not applicable, indicate N/A)	N/ <u>k</u>	2		
(if not applicable, indicate N/A)	N/4	2		
(if not applicable, indicate N/A)	N/4	2		
(if not applicable, indicate N/A)	N/4			
(if not applicable, indicate N/A)	N/4			

The date of each amendment(s) adoption: date this document was signed.	Augusl	9,2016	if other than the
Effective date <u>if applicable</u> :	(no more than 90 days	9, 20/6 after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department of		atutory filing requirements, thi	s date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)		
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a		er of votes east for the amendme	ent(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting			tement
"The number of votes cast for the amen	dment(s) was/were suffic	cient for approval	
by	ing group)	·"	
(vot	ing group)		
☐ The amendment(s) was/were adopted by the action was not required.	board of directors withou	t shareholder action and shareh	older
The amendment(s) was/were adopted by the action was not required.	incorporators without sha	reholder action and shareholde	г
Dated 08 / 8 9	12816 1 128/1011	bion	
Signature	dent or other officer - if	directors or officers have not be	een
selected, by an Inco	rporator – if in the hands	of a receiver, trustee, or other	
appointed fiduciary	by that fiduciary)	,	
\mathcal{J}	osexiNA C	19 JERON (person signing)	
(Typed or printed name of	f person signing)	
	PRE	sident	
	(Title of perso	on signing)	