## P13000055856

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SECRETARY OF STATE TALLAHASSTELFLORIDA

APPROVED FILED

C. LEWIS 29 2014
EXAMINER

## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: OPTIMA TV CORP DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CARLOS GARCÍA

Name of Contact Person OPTIMATY CORP, 6845 SW 45 LANE, UNIT 9 MIAMI FL 33155
City/ State and Zip Code optimate@ad.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>650</u>) <u>918.6784</u> 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 & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

> 2661 Executive Center Circle Tallahassec, FL 32301

Tallahassee, FL 32314

APPROVED ARD FILED

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

14 APR 21 PM 1: 36

SECRETARY OF SHATE TALLAHASSEE, FLORIDA

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

ent(s) to

P13000055856			
(Document Number of C	Corporation (if kr	iown)	<del></del>
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Flo</i>	rida Profit Corporation	adopts the following amendment
A. If amending name, enter the new name of the cor	poration:		
			The nev
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp,' word "chartered," "professional association," or the a	"Inc," or "Co	". A professional corpo	porated" or the abbreviation ration name must contain the
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDI</u>	RESS )		
	-		
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	9 .		
	-		<u></u>
D. If amending the registered agent and/or registere	d office address	in Florida, anter the na	ama of the
new registered agent and/or the new registered o		in Florida, enter the na	inc of the
Name of New Registered Agent			
			_
	(Florida street	address)	<del></del>
New Registered Office Address:		, Florid	a
new Registered Office Matress.	(City)	, 1 10110	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I		and accept the obligation	ons of the position
Thereby accept the appointment as registered agent.	um jummar min	and accept the obligation	na oj me 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>5</u>	RONALDO GARCÍA	10773 NW 58 ST SUITE 171
Remove			DOBAL FL 33178
2) Change			
Add			
Change Add			
Remove 4) Change			
Add			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	



The date of each amendment(s) ado	ption: 14 APR 21 PM 1: 37	, if other than the
date this document was signed.	SECRETARY OF STAFE	
Effective date <u>if applicable</u> :	TALL AHASSEE, FLORID:  (no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	wed by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated0	4-14-14	
Signature	LCCITAM	
(By a dire	ector, 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 i fiduciary by that fiduciary)	
_	CARLOS GARCÍA	
_	(Typed or printed name of person signing)	
_	PRESIDENTE.	
	(Title of person signing)	