## P/30000 55856

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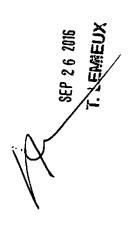
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: OPTIMA TV	CORPORATION
DOCUMENT NUMBER: P13000055856	
The enclosed Articles of Amendment and fee at	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
ESPIRIDION GARAY	ALVAREZ
	Name of Contact Person
OPTIMA TV CORPORA	ATION
****	Firm/ Company
6845 SW 45 LANE, SUI	
	Address
MIAMI, FL 33155	
	City/ State and Zip Code
OPTIMATV@AOL.COM	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
ESPIRIDION GARAY ALVAREZ	at ( )
Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	
Mailing Address 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 to Articles of Incorporation of

OPTIMA TV CORPORATION

(Name o	of Corporation as currently filed with th	e Florida Dept. of State)
P13000055856		
	(Document Number of Corporation (	if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit</i>	Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co". A profe	The new "," or "incorporated" or the abbreviation ssional corporation name must contain the
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)  D. If amending the registered agent an		. enter the name of the
new registered agent and/or the new		the mame of the
Name of New Registered Agent	ESPIRIDION GARAY ALVAREZ	
<u></u>	6845 SW 45 LANE, SUITE 9	
<u>New Registered Office Address:</u>	(Florida street address) MIAMI	, Florida 33155
	(City)	(Zip Code)
New Registered Agent's Signature, if c		e elso ablicacione accide accidente
mereny accept the appointment as regist	Signature of New Registered Age	i the obligations of the position.

## 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 <math>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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	CARLOS GARCIA	6845 SW 45 LANE
Add			SUITE 9
X Remove			MIAMI, FL 33155
2) Change	PD	ESPIRIDION GARAY ALVAREZ	6845 SW 45 LANE
X Add			SUITE 9
Remove			MIAMI, F1 33155
3) Change			
Add			
Remove			C
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

maon uut	ng or adding additional ditional sheets, if necessa	ry). (Be specific)			
			·	·	
				***************************************	
		,			
f an amei	ndment provides for an	exchange, reclassif	ication, or cancella	ition of issued shar	es.
<u> </u>	ns for implementing the out of applicable, indicate N/A	amenament it not t 4)	ontained in the An	<u>ienament itseit:</u>	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
•	71/2016	
infective date it appareable.	(no more than 90 days after amendment file date)	- 18.878-17-17-17
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	l not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast 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	
action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated <i>09</i>	1/01/2016	
Signature	1/01/2016 CC+>4	
(By a selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	CARLOS GARCIA	
	(Typed or printed name of person signing)	<del> </del>
	PRESIDENT	
	(Title of person signing)	<del></del>