P14000010898

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SECKE JARY OF STATE
ALLAHASSEE, FLORINA

C.M.

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION:	AVS	Worldwide	media	Inc
-				

P14000010898

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alejandro	mendoza
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Name of Contact Person

AVS Worldwide Media Inc

Firm/ Company

7815 Sugar Brook Ct

Address

Orlando FL 32819

City/ State and Zip Code

amendoza@avsadvertisement.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alejandro Mendoza

Name of Contact Person

at (407) 6248940

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

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 Incorporation

AVS Worldwide Media Inc.

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

ent(s) to

P1400010898		ن
(Document Number of Corporation	(if known)	-
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following a	mend
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbi "Co". A professional corporation name must coi	he n reviati itain t
B. Enter new principal office address, if applicable:	7200 Lake Elleonor DR	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 104	
	Orlando FL 32809	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7200 Lake Elleonor DR	
	Suite 104	
	Orlando fl 32809	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		
Name of New Registered Agent		
(Florida :	street address)	
New Registered Office Address:	, Florida	
(Cit	y) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.	
Signature of New Registered	d 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	14.7 SEC FALL
X Remove	<u>v</u>	Mike Jones	Aug ?
X Add	<u>sv</u>	Sally Smith	22 ASSEE
Type of Action (Check One)	Title	Name	Address STAIC 2: 3
1) Change	P	Luz Otero	7815 Sugar Brook ot ⊆
Add			Orlando FL 32819
Remove			
2) Change	CEO	Alejandro Mendoza	7815 Sugar Brook Ct
Add			Orlando FI 32819
Remove			
3) Change	VP	Maria S. Bastardo	12759 Bosworth Ave
Add			Windermere FI 34786
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)	Tho.
		70
		23
		72
		77
* * * * * * * * * * * * * * * * * * *		
an amendment provides for an exch	nange, reclassification, or cancellation of issued shendment if not contained in the amendment itself:	iares,
(if not applicable, indicate N/A)	nument if not contained in the amendment itsen.	
(9, appca,		
		<u> </u>

The date of each amendment(s) adoption:	if other	than the
date this document was signed.		
Effective date if applicable:		
(no more than 90 days after amendment file date)		
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.		
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	14	
"The number of votes cast for the amendment(s) was/were sufficient for approval	AUG 2	-
by	22	i man
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	PH 12: 31	Ö
Dated 08/01/2014		
Signature (By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)		
Alejandro Mendoza		
(Typed or printed name of person signing)		
CEO		
(Title of person signing)		