P1400020422

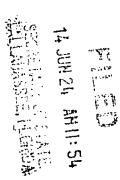
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JUL 1 0 2014 C. CARROTHERS

COVER LETTER

Division of Corporations				
NAME OF CORPORATION: DIRECT HOME TELEVISION INC				
DOCUMENT NUMBER: P14000020422				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
JULIO FERREIRA				
Name of Contact Person				
DIRECT HOME TELEISION INC				
Firm/ Company				
7641 NW 183 TERRACE				
Address				
HIALEAH, FL 33015				
City/ State and Zip Code				
extremesatelliteinc@hotmail.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
julio ferreira 305 917 3022				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				

Mailing Address

■ \$35 Filing Fee

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

□\$43.75 Filing Fee & Certificate of Status

Street Address

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation

of

79,191	- 1 JUN 21 AND 11 AND 11
(Name of Corporation as currently filed with the F	Florida Dept. of State) SENIST API 11: 55
	The Later Const.
(Document Number of Corporation (i	if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following amendmen
. If amending name, enter the new name of the corporation:	
KTREME SATELLITE INC	77
ame must be distinguishable and contain the word "corporatio Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " ord "chartered," "professional association," or the abbreviation "	"Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	7641 NW 183 TERRACE
Principal office address <u>MUST BE A STREET ADDRESS</u>)	HIALEAH, FL 33015
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7641 NW 183 TERRACE
<u> </u>	HIALEAH, FL 33015
If amending the registered agent and/or registered office additional and/or registered and/or registered office additional and/or registered and/or reg	ross in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent JULIO FERREIF	RA
7647 NE 183 TI	ERRACE
/Class 2	reet address)
r toriaa sii	00045
New Registered Office Address: HIALEA	AH , Florida 33015

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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				***************************************
4) Change				
Add				
Remove				
Kelliove		·		
5) Change		_		
Add				
Remove				
6) Lange Change		<u></u>		
Add				
Remove				

\ttac	h additional sheets, if necessary). (Be specific)
	The state of the s
prov	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
·	
	17316-18

The date of each amendment(s) adoptidate this document was signed.	on:	, if other than the
•		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	ne amendment(s) was/were sufficient for approval	
0,	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated 6/1/14		
Signati	le terre	_
selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
JUI	LIO FERREIRA	
	(Typed or printed name of person signing)	_
PR	ESIDENT	
	(Title of person signing)	