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JUN -9 2014

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EL SOL MEDIA MIAMI CORP
DOCUMENT NUMBER: P14000037295

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

Please return all correspondence concerning this matter to the following:

MARIA AZEREDO

Name of Contact Person

TAXES AND ACCOUNTING SOLUTIONS

Firm/ Company

8249 NW 36TH ST STE 120-A

Address

DORAL FL 33166

City/ State and Zip Code

MAZEREDO@TASMIAMI.COM

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

For further information concerning this matter, please call:

MARIA AZEREDO

,,305

418-1585

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:

■ \$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 to Articles of Incorporation of

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EL SOL MEDIA MIAMI CORP

(Name of Corporat	tion	as	cui	rrentl	filed with the Florida Dept. of Stat	te)

P14000037295

(Document Number of Cor	oration (if known)
Pursuant to the provisions of section 607.1006, Florida Statist Articles of Incorporation:	rutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corpo JF INTERNATIONAL SUPPL	
name must be distinguishable and contain the word "a "Corp.," "Inc.," or Co.," or the designation "Corp." " word "chartered," "professional association," or the abb	orporation," "company," or "incorporated" or the abbreviation inc," or "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRE</u>	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office	
Name of New Registered Agent N/A	
	Florida street address)
New Registered Office Address:	(City) (Zip Code)
	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
Signature of Man P	egistered 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 Do	<u>oe</u>			
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sr	Sally Smith			
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) Change	S		JOSE ESTEBAN SENDAS S	111601 NW 89TH ST		
Add				222		
Remove				DORAL FL 33178		
2) Change	s		ELIECER L NERY	11601 NW 89TH ST		
Add				222		
Remove				DORAL FL 33178		
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change		_				
Add						
Remove						

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
	
If an amondment provides for an evel	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
I/A	

The date of each amendment(s) ad	option: 05/14/2014	, if other than th
date this document was signed.	14/2014	
Effective date <u>if applicable</u> : 05/1	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast i	for the amendment(s) was/were sufficient for approval	
by	" (voting group)	
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 05/14/20	14)alv	
(By-a di selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Fernando J. Pirela (Typed or printed name of person signing)	
	(1 yped or printed name of person signing)	
	President (P). (Title of person signing)	
	(Title of person signing)	