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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	INVESTMENTS DIGI	TALS MEDIA INC	
DOCUMENT NUMBER: P14	000097735		
The enclosed Articles of Amendm	ent and fee are submitted	for filing.	
Please return all correspondence c	oncerning this matter to th	e following:	
	ALE	X ORTIZ, CPA	
	Nam	e of Contact Person	
	E ALEX	CORTIZ, CPA, PA	
		Firm/ Company	
	2727 PC	NCE DE LEON BI	_VD
		Address	
	CORAL	GABLES, FL 3313	4
	City/	State and Zip Code	
	alex@	alexortizcpa.com	
E-mail	address: (to be used for f	uture annual report r	notification)
For further information concerning	g this matter, please call:		
ALEX ORTIZ, CPA		786 at (580-3767
Name of Contact P	erson		e & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made payable	to the Florida Depar	tment of State:
	ificate of Status Cer (Ad	3.75 Filing Fee & tified Copy ditional copy is closed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations	Division Clifton	Address ment Section n of Corporations Building tecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

INVESTMENTS DIGITALS MEDIA INC

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

P14000097735

(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	oration:
	The new
	The new pration, "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A." 2727 PONCE DE LEON BLVD CORAL GABLES, FL 33134
B. Enter new principal office address, if applicable:	and the second s
(Principal office address <u>MUST BE A STREET ADDRE</u>	CORAL GABLES, FL 33134
	三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2727 PONCE DE LEON BLVD
	CORAL GABLES, FL 33134
D. If arounding the projective description of the projective descr	
new registered agent and/or the new registered off	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address: 2727 PONCE I	DE LEON BLVD 33134
	/
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I as	ered Agent: m familiar with and accept the obligations of the position.
Signatu	ure 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 Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	<u>Sally Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PST	MARIA S TERRILE	CALLE LLUL 1900 PISO 2, P 1
Add			BARCELONA SPAIN
X Remove			08005, SPAIN
2) Change	Т	JOSE I PALACIOS	354 SEVILLA AVENUE
Add			CORAL GABLES, FL 33134
X Remove			
3) Change	PST	JOSE I PALACIOS	2727 PONCE DE LEON BLVD
X Add			CORAL GABLES, FL 33134
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)
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

•	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)
	(no more than 90 days after amendment file date)
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
	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):
	"The number of votes cast for the amendment(s) was/were sufficient for approval
	by
	(voting group)
	☐ 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.
	DatedSignature
	(By a director, president or 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)
	JOSE I PALACIOS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title:of person signing)