P1500006688

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phon	e #)
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DIVISION OF CORPORATIONS

15 FFR 10 AM II: 09

C.V.3/15

COVER LETTER

TO: Amendment Section of Corp						
NAME OF CORPORATION: FAMILY MEDIA FILMS INC DOCUMENT NUMBER: P15000006688						
DOCUMENT NUM	BER:					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	CARLOS DIAZ A	GRAMONTE				
		Name of Contact Person	1			
	FAMILY MEDIA F	FILMS INC				
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·			
	3375 W 76 ST S	TE 212				
		Address				
	HIALEAH, FL 330	018				
		City/ State and Zip Cod	2			
CA	RLOSDIAZ_88A@					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
CARLOS DIAZ		at (786	302-0089			
Name of Contact Person		Area Co	de & 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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

15 FEB 10 AM 11: 09

V	MEDIA	NAC	INIC	

(Name of Corporation as currently	filed with the Florie	da Dept. of State)	
P15000006688			
(Document Number	of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this Flor	ida Profit Corporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co. word "chartered," "professional association," or th	rp," "Inc," or "Co"	. A professional corporation name	
B. Enter new principal office address, if applical			
(Principal office address <u>MUST BE A STREET Al</u>	DDRESS)		
	_		
	_		
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE E</u>	<u> </u>		
	_		
	_		
D. If a supplier the supplier and a	-	in Elouida, anton the name of the	
D. If amending the registered agent and/or registered agent and/or the new registered		n riorida, enter the name of the	
Name of New Registered Agent			
Nume of New Negistered Agent			
	(Florida street a	ddress)	
	(1 10) 1411 511 551 4	·	
New Registered Office Address:	(City)	, Florida(Zip Coa	
	(4.9)		,
New Registered Agent's Signature, if changing R			
I hereby accept the appointment as registered agent	. I am familiar with	and accept the obligations of the posi	tion.
Signature of	New Registered Agen	t 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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally S	<u>míth</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		FANNY B. JAVIER DE CUE	3375 W 76 ST STE 212
Add				HIALEAH, FL 33018
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Pemove				

	(Be specific	ange(s) here:)			
· · · · · · · · · · · · · · · · · · ·					
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	-				
	-		-		
	····				
					•
					
		· · · · · · · ·			
an amendment provides for an excl	nange, reclass	ification, or	cancellation <u>o</u>	<u>f issued share</u>	<u>s,</u>
rovisions for implementing the ame	ndment if no	<u>t contained ir</u>	<u>the amendm</u>	ent itself:	
(if not applicable, indicate N/A)					
					

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS if other than the

The date of each amendment(s) adoption: 01/31/2015 date this document was signed.

Effective date if applicable:	01/31/2015	15 FEB 10	AFI
Effective date it applicable.	(no more than 90 days after amendment	file date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/weby the shareholders was/weby	e adopted by the shareholders. The number of votes cast for sufficient for approval.	r the amendment(s)	
The amendment(s) was/we must be separately provide	e approved by the shareholders through voting groups. The d for each voting group entitled to vote separately on the an	following statement mendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval		
by		.,,	
•	(voting group)		
action was not required.	e adopted by the board of directors without shareholder action a		
Dated 01/3	1/2015 A -		
(F	by a director, president or other officer – if directors or office elected by an incorporator – if in the hands of a receiver, truppointed fiduciary by that fiduciary)		
	CARLOS DIAZ AGRAMONTE		
	(Typed or printed name of person si	gning)	_
	PRESIDENT		
	(Title of person signing)		