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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Second Screen	een Media Inc.	
DOCUMENT NUMBER: P15000021813		
The enclosed Articles of Amendment and fee	e are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Susan Poe		
	Name of Contact Persor	1
Second Screen Media	Inc.	
	Firm/ Company	····
660 East Hillsboro Bl	vd. # 105	
	Address	
Deerfield Beach, FL 3	33441	
	City/ State and Zip Code	С
spoe@cyber1st.com		
	to be used for future annual report	notification)
	•	
For further information concerning this matte	er, please call:	
Perino Orlando	at (954	_) 889-7100
Name of Contact Person	at (Area Co) de & Daytime Telephone Number
		•
Enclosed is a check for the following amount	made payable to the Florida Depa	artment of State:
\$35 Filing Fee \$43.75 Filing F Certificate of S		□\$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	Amend Divisio Clifton	Address Innent Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

Corporation as currently	filed with the Flor		
		ida Dept. of State)
SECOND	SCREEN	MEDIA	LAUSE FLORID
			ge.
		, 10 m	1, 3471
06, Florida Statutes, this <i>F</i>	Iorida Profit Corpo	pration adopts the f	ollowing amendment
e of the corporation;			
			The new
n the word "corporation,	" "company," or	"incorporated" o	
on "Corp," "Inc," or "C	o". A professiona		
n," or the abbreviation "P	P.A. "		
applicable:			
EET ADDRESS)			
Lla.			
	in Florida anda	u Abo nomo af tha	
	ss in Piorida, ente	r the name of the	
(Florida stree	et address)		
(Florida stree	et address)	, Florida	
	06, Florida Statutes, this F e of the corporation: In the word "corporation, ion "Corp," "Inc," or "C n," or the abbreviation "F applicable: EET ADDRESS)	e of the corporation: In the word "corporation," "company," or ion "Corp," "Inc," or "Co". A professional, " or the abbreviation "P.A." Applicable: EET ADDRESS) ble: FICE BOX) or registered office address in Florida, ente	n the word "corporation," "company," or "incorporated" of ion "Corp," "Inc," or "Co". A professional corporation name," or the abbreviation "P.A." applicable: EET ADDRESS ble: FFICE BOX or registered office address in Florida, enter the name of the

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>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Namc	<u>Addres</u> s
I) Change	P	Victoria Davis	660 East Hillsboro Blvd.
Add			Deerfield Beach, FL 33441
X Remove			
2) Change	P	Perino Orlando	660 East Hillsboro Blvd
Add			Suite 105
Remove			Deerfield Beach, FL 33441
3) Change		_	
Add			
Remove			-
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

	(Be specific)
	•
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the am	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the am	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the am	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) edentions	: C = 4]. = - 4]. = - 4].
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	not be listed as the
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)	
(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.	
06/16/2015	
Dated	
Signature (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)	
Susan Poe	
(Typed or printed name of person signing)	
Secretary	
(Title of person signing)	