## P15000034434

(Requestor's Name)	
(Address)	
(Address)	<u> </u>
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE TALL AMASSEE, FLORIDA

AUG - 7 2015

## COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: 100 MEDIA MUSIC CORP.  DOCUMENT NUMBER: P150000 34434
DOCUMENT NUMBER: <u>P15000034434</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carlos Ochoa  Name of Contact Person
100 mean mucic Capp
407 Lincoln Rd Suite 706  Address
Miami Beach FL 33139  City/State and Zip Code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call-
Carlos Ochoa 11,561,572 7749
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 Certificate of Status    Same Status
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

## Articles of Incorporation

of

100 11/2 21/1 11/02	
(Name of Corporation as currently fi	led with the Florida Dept. of State)
P 15 0000 3 443 9 (Document Number of Co	/
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered." "professional association," or the abbreviation "P.,	A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:  Name of New Registered Agent	s in Florida, enter the name of the

New Registered Office Address:

(City)

(City)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. Lam familiar with and accept the obligations of the position.

Signature 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 = Trusiee: 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:	с. ана ма	ty Sintin, SV as an Add.	
Example: X Change	<u>b.l.</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	UP	Jeremy Hograu	407 Lincoln Rd
Add Remove		Jeremy Hograu	miami Black FL 73/3
2) Change			
Add			
Remove			
3 ) Change		_	
Add			SE SE
Remove			AUG -
4) Change		<del>-</del>	ARY OF PH
Add			3: LORA ALS TA
Remove			NTE RIDA
5) Change			
Add			
Remove			
6)Change	•		
Add			
Remove			

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an amendment provides for an exchange, reclassification, or cancellation of issued shares,	_	
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N A)	P#	النفيد آن ا
(3) 0, 1,	ယ့	0
	<del>- 6</del>	_쯤
	•	⋗

The date of each amendment(s) adoption:		, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
(no more than 90 days after amendme).	n fîle date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	equirements, this date will no	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The number of votes east to by the shareholders was/were sufficient for approval.	for the amendment(s)	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the	ne following statement amendment(s):	
. "The number of votes cast for the amendment(s) was/were sufficient for approva	al	
hy		⊼s
(voting group)		
☐ The amendment(s) was/were adopted by the board of directors without shareholder ac action was not required.	rtion and shareholder	FIL FILASSI
☐ The amendment(s) was/were adopted by the incorporators without shareholder action action was not required	and shareholder  and shareholder  3.	ED ST/
Dated $7 - 23 - 15$	8	ALE ALDA
Signature  (By a director, president or other officer – if directors or offi	gurs have not have	
selected, by an incorporator – if in the hands of a receiver, tr appointed fiduciary by that fiduciary)	rustee, or other court	
CATIOS OCH		
(Typed or printed name of person signing	)	
president		

(Title of person signing)