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And

R. WHITE OLT 0 4 2018 SECRETATIVE OF STATE

## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
name of corporation: AGM (  DOCUMENT NUMBER: 150004	Cable Corp.
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
Alex	De Melo Name of Contact Person
5337 NE	Firm/ Company  7 th. Ave  Address  Bead 23064  City/ State and/Zip Code
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, please	eall:
Alex De melo	at 1954 554 966/
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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

## FILED to Articles of Incorporation

2018 OCT - 1 PM 12: 40 Name of Corporation as currently filed with the Florida Dept. of State) STATE (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) Florida New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am 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 = 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>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Marcos Varancelos	22064 Palms 4ay
Add Add		(	Apt 203
Remove			Bora Raton, PSS 183
2) Change	$\mathcal{R}$	Christian Jimeng Sadna	1809 Serling palms c
Add			Side 101
Remove		,	Darch, 1233511
3 ) Change		_	
Add			
Remove			
4) Change		-	
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here:  (Be specific)	
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	***	
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares	1
(if not applicable, indicate NA)	nendment if not contained in the amendment itself:	
	<del></del>	
<u></u>	<u></u>	
	*· <del>-</del>	

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 amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date of document's effective date on the Department of State's records.	will 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)	
☐ 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.	
Dated 09/19/2018	
Signature  (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator $f$ if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
ALEX OF ME CO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

 $(\mathbf{x}_{i}, \mathbf{x}_{i}, \mathbf{x$