P500040a11

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





800320327008

11/05/18--01012--005 **35.00

18 NOV -5 AM 8: 16 SECULTIAN OF STATE TALLAHASSEE, FLORIDA

NOV 0 9 2018 S. YOUNG

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION:	AGM CABLE WAP
DOCUMENT NUMBER:	015000040211
The enclosed Articles of Amendment	and fee are submitted for filing.
Please return all correspondence conce	erning this matter to the following:
,	AUX DE MELO Name of Contact Person
	Name of Contact Person
	AGM CABLE CORP
	Firm/ Company
5	3.37 NE 17th AVE
	PomPAW BEART For 33064
	City/ State and Zip Code
	-
X MELO OC E-mail add For further information concerning this	iress. (to be used for future annual report notification)
For further information concerning to	s matter, prease can.
Alex De Me	at (954) 554-9661 Area Code & Daytime Telephone Number
Name of Contact Person	on Area Code & Daytime Telephone Number
Enclosed is a check for the following	amount made payable to the Florida Department of State:
	Filing Fee & S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions Division of Corporations Clifton Building

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation
h h h h h h h h h h
19 AGM Cable Corp
(Name of Corporation as currently filed with the Florida Dept. of State)
P15000040211
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) tits 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)
New Registered Office Address:, Florida
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.

Mike Jones, V as Kemi	we, ана запу эт	um, sv as an Aaa.	
Example: X Change	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
_X Add	<u>SV</u> <u>Sal</u>	l <u>y Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Co-Mar	MARCO MEUNO P ARANJO	25 Abbey IN 301 Deisan Brach Fi 33446
_ <mark> </mark>			Deiray Brack Fr 33446
Remove			
2) Change			
Add			
Remove			_
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter chan (Be specific)				
		_ _			
	<u> </u>		-		-
		- -			
			 -		
f an amendment provides for an exc	change, reclassifi	cation, or cancel	lation of issued :	shares.	
provisions for implementing the am	endment if not c	ontained in the a	<u>mendment itself</u>	<u>:</u>	
(if not applicable, indicate N/A)					
			, 		
					

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)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date 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 by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	itement
"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 share action was not required.	holder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required. $10\sqrt{31/\sqrt{3}}$	er
Dated	
Signature (By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
OWNEL P	
(Title of person signing)	