P15000050500

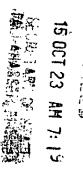
(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Name)
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Certified Copies	_ Certificates o	f Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Radius Partne	rs, Inc.			
DOCUMENT NUMBER: P15000050500				
The enclosed Articles of Amendment and fee a	re submitted for filing.			
Please return all correspondence concerning this	s matter to the following:			
Jorge alejandro Fernande	ez			
•	Name of Contact Persor	1		
Hispanievision Internation	onal Corp.			
	Firm/ Company			
10135 NW 54th Ter	. ,			
	Address			
Doral, FL 33178				
	City/ State and Zip Code	€		
jorgefernandezcfo@msn.com				
E-mail address: (to	be used for future annual report	notification)		
For further information concerning this matter,	please call:			
Jorge Alejandro Fernandez	at (⁷⁸⁶	768-4775		
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 State		□\$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 Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Radius Partners, Inc.			
(Name of Corporation as cu	rrently filed with the Flor	ida Dept. of State)	
P15000050500	•		
(Document Num	nber of Corporation (if know	wn)	
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit Corpo</i>	eration adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the corporation	on:		
N/A			The new
name must be distinguishable and contain the word "corportionp.," "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered," "professional association," or the abbrevia	" or "Co". A professiona		he abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		V/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/P	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac		r the name of the	
Name of New Registered Agent	N/A		<u></u>
(7)			
(F10)	rida street address)		
New Registered Office Address:	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Registered . I hereby accept the appointment as registered agent. I am fan	niliar with and accept the o		15 OCT 23 AM 7
Signature of	New Registered Agent, if ca	nanging	 .

• •		·	
If amending the Officer address of each Officer (Attach additional sheets Please note the officer/di P = President; V= Vice Executive Officer; CFO held. President, Treasure Changes should be noted	and/or I i, if neces irector tit Presiden = Chief er, Direct I in the fo	Director being added: sary) le by the first letter of the office title: it; T= Treasurer; S= Secretary; D= Director, Financial Officer. If an officer/director hold, for would be PTD. ollowing manner. Currently John Doe is listed to the properation, Sally Smith is named the V and S	officer/director being removed and title, name, and TR= Trustee; C = Chairman or Clerk; CEO = Chief is more than one title, list the first letter of each office if as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
Example: X_Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>÷</u> <u>SV</u>	Sally Smith	
			A 11
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	Mauricio Ruiz Varela	1717 N. Bayshore Dr. Suite 211
Add			Miami, FL 33132
X Remove			
2) X Change	ST	Hector M. Lopez	1717 N. Bayshore Dr. Suite 211
Add			Miami, FL 33132
Remove			
3) Change			
Add			
Remové			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			

Add

Remove

<u>lf amending or adding additional Art</u> Attach <i>additional sheets, if necessary).</i>	L L
	N/a
	
···	
(C	have a larger of the state of t
provisions for implementing the amo	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	N/A
	10 / 5

October 12, 2015 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 with document's effective date on the Department of State's records.	II 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.	
DatedOC+-12-2015 Signature	
Signature dell	
(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)	
Andres Canabal Corazza	
(Typed or printed name of person signing)	<u> </u>
Vice President	
(Title of person signing)	