P150000 74005

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DIVISIEN OF BUSPERLICK

SEP 25 DITS

COVER LETTER

TO: Amendment Section

Division of Corporations LA PRENSA DE HONDURAS INC NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KAREN DUARTE Name of Contact Person LA PRENSA DE HONDURAS INC Firm/ Company 822 SW 17 AVE Address **MIAMI FL 33135** City/ State and Zip Code INFO@LAPRENSADEHONDURAS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KAREN DUARTE Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

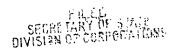
Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of



LA PRENSA DE HONDURAS INC

15 SEP 21 AM 9: 41

(Name	of Corporation as currently	filed with the Florid	a Dept. of State)
P15000074005			
*.	. (Document Number of	Corporation (if known	1)
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corpord	ation adopts the following amendment(s) to
A. If amending name, enter the new no	ame of the corporation:		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional o	incorporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		822 SW 17 AVE M	IAMI FL 33135
(17)1104put 033100 uuun 033 <u>132002 22272</u>	,		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		822 SW 17 AVE M	IAMI FL 33134
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter t	he name of the
Name of New Registered Agent			
	(Florida stre	et address)	
New Registered Office Address:	820 SW 17 AVE MIAMI FI	ŕ	, Florida 33135
<u>New Registerea Office Adaress.</u>		City)	(Zip Code)
New Registered Agent's Signature, if collaboration I hereby accept the appointment as registered.	hanging Registered Agent: tered agent. Tam familiar w	ith and accept the obl	igations of the position.
	Signature of New Re	gistered Agent, if cha	nging

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.

X Change	<u>PT</u> J	ohn Doe		
X Remove	<u>Y</u> <u>N</u>	Mike Jones		
X Add	<u>sv</u> <u>s</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	VP	HERBETH F DUARTE	822 SW 17 AVE	
Add			MIAMI FL 33135	
X Remove				_
2) Change	VP	JULIO C SABILLON	820 SW 17 AVE	
X Add			MIAMI FL 33135	
Remove				_
3) Change				
Add		,		_
Remove				
4) Change				
Add				_
Remove				_
5) Change				
Add				
Remove				_
6) Change			<u> </u>	
Add				
Remove				

E. <u>If amene</u> (Attach <i>a</i> N/A,	ling or adding additional Ar dditional sheets, if necessary)	rticles, enter change(s) here:). (Be specific)
-	b	
· · · · · ·		
	· · · · · · · · · · · · · · · · · · ·	
		<u> </u>

If an am provisi	nendment provides for an exc ons for implementing the am not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:
N/A	,	
		· ·
	, ,	
		· · · · · · · · · · · · · · · · · · ·

	09/17/2015	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		FRED
Effective date <u>if applicable</u> :	0/17/2015	SEGRETARY OF STATE
Ellective date il applicable:	(no more than 90 days after amendment file date)	THAT THE THE OWNERS TO
	(no more man 20 days after amenament fire date)	15 SEP 21 AH 9: 41
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this d Department of State's records.	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendments sufficient for approval.	s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were a action was not required. 09/17/20 Dated	adopted by the incorporators without shareholder action and shareholder	
	difector, president or other officer - if directors or officers have not been	
	eted, by an incorporator - if in the hands of a receiver, trustee, or other cou	
арро	pinted fiduciary by that fiduciary)	
	KAREN DUARTE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	