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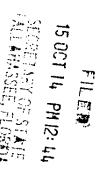
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Claudia Villarreal	Imagen y Medios Corp	
DOCUMENT NUM	P15000080840		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Sebastian Sema		
		Name of Contact Person	n
	Alberto J. Ibarra PA	•	
		Firm/ Company	
	3750 NW 87th Ave, Suite 52	20	
		Address	
	Doral, FL 33178		
		City/ State and Zip Cod	e
ssem	a@ajicpa.com		
	-	sed for future annual report	notification)
	`	•	,
For further information	on concerning this matter, pleas	se call:	
Sebastian Sema		at (305	477-9336
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section		Amend	Address Iment Section
	ision of Corporations . Box 6327		on of Corporations Building
	lahassee, FL 32314		xecutive Center Circle
		Tallahs	issee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

•

Claudia Villarreai Imagen y Medios Corp	
(Name of Corporation as cu	urrently filed with the Florida Dept, of State)
P15000080840	
(Document Num	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on;
	The new
	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	约拉手 属
	지우 끝 및
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ad	e address in Florida, enter the name of the ddress:
Name of New Registered Agent	
(Flor	rida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	A game.
New Registered Agent's Signature, it changing Registered I hereby accept the appointment as registered agent. I am fan	
Signature of	New Registered Agent, if changing
Signature of .	HEN REGISEIEU ABENI, IJ CHUNBINK

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 Do	<u>e</u>		
X Remove	$\underline{\mathbf{y}}$	Mike Jones			
X Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s	
1) Change	S		Toribio, Juan	9570 NW 41 St	
Add				Doral, FL 33178	
X Remove					
2) Change	······	a.			
Add				·	
Remove					
3) Change		-			
Add					
Remove					
4) Change				······································	
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add				**************************************	
Remove					

	ling or adding additional Articles, enter change(s) here: dditional sheets, if necessary). (Be specific)	
I/A		
~		
		·
<u>.</u>		
		
provision	endment provides for an exchange, reclassification, or cancellation of issued one for implementing the amendment if not contained in the amendment itself to the applicable, indicate N/A)	shares. E
	· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: date this document was signed.	10-14-15	, if other than th
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does n document's effective date on the Department of	not meet the applicable statutory filing requirement State's records.	ts, this date will not be listed as th
Adoption of Amendment(s) (CH	IECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amapproval.	endment(s)
	e shareholders through voting groups. The following group entitled to vote separately on the amendment	
"The number of votes cast for the amer	ndment(s) was/were sufficient for approval	
by	ting group)	
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and s	hareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and share	holder
Dated 10/14/2015 Signature		
Signature	Mg 2	
(By a director, pres	ident or other officer - if directors or officers have orporator - if in the hands of a receiver, trustee, or o	
Claudia Vil	llarreal	
((Typed or printed name of person signing)	
President		
	(Title of person signing)	