P17000006447

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JUN 1 0 2017

COVER LETTER

TO: Amendment Section

Division of Corporations 9 Mile Media Marketing and Consulting Inc. NAME OF CORPORATION: 147000006447 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sarah Gottesfeld Name of Contact Person 9 Mile Media Marketing and Consulting Inc. Firm/ Company 130 Cleveland Ave. Suite A Address Cocoa Beach, Florida 32931 City/ State and Zip Code team@9milemedia.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: , at ($\frac{321}{\text{Area Code & Daytime Telephone Number}}$ Sarah Gottesfeld Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & ■ \$35 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

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of



9 Mile Media Marketing and Consulting Inc.

(Name o	f Corporation as curre	ntly filed with the Florida Dept. of State)
P17000006-147		
·	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered." "professional associat	ation "Corp," "Inc." or	The new tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the 1 "P.4"
B. Enter new principal office address,	<u>f applicable:</u>	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		430 Cleveland Ave. Suite A
		Cocoa Beach, Florida 32931
		
 If amending the registered agent and new registered agent and/or the new 		
Name of New Registered Agent		
in the state of th	130 Cleveland Ave., Sui	te A
		street address)
New Registered Office Address:	Cocoa Beach	Florida
		(City) (Zip Code)
New Registered Agent's Signature, if of I hereby accept the appointment as regista		$rac{f nt:}{r}$ with and accept the obligations of the position.
	Simpature of No.	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)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change		_	<u> </u>		
Add					
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
51 Change					
Add					
Remove					
6)Change					
Add					
Remove			· -		

utach addition	adding additional Artic al sheets, if necessary).	(Be specific)			
					
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`an amendm	nt provides for an excha	inge, reclassifica	tion, or cancellat	ion of issued shar	res.
<u>provisions for</u>	implementing the amen	dment if not con	tained in the am	<u>ndment itself:</u>	
(if not ap _l	licable, indicate N/A)				
-					
	<u> </u>			·	
				·	
		<u></u>			

June 1, 2017	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
June 1, 2017	
Effective date if applicable: (no more than 90 days after amendment file date)	
(in the man to dispose type and the dispose type and type an	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date 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):	T.
"The number of votes east 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.	
Signature (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)	
Sarah Gottesfeld	
(Typed or printed name of person signing)	
Chief Operating Officer	
(Title of person signing)	