P18000098239

(Requ	estor's Name)	
(Addre	ess)	
(Addr	ess)	
(Ch.)	State/Zip/Phone	
(City/:	state/Zip/Phone	: #)
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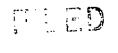


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Interface Sound a	nd Production, Inc.		
DOCUMENT NUMB	P18000098239			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Rafael J Alvarez			
•		Name of Contact Person	1	
	Interface Sound and Production, Inc.			
•		Firm/ Company		
	5315 SW 36th Avenue			
•	······································	Address		
	Miami, FL 33142			
•		City/ State and Zip Cod	e	
ralph@	ginterfacesound.com			
	-	sed for future annual report	notification)	
	((
For further information	concerning this matter, pleas	se call:		
Rafael J Alvarez		at (de & Daytime Telephone Number	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:	
S35 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)	
Ame Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisie Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of



Interface Sound and Production Inc.

2019 APR 29 PM 5: 57

\ <u></u>	y filed with the Florida Dept, of State)
P18000098239	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this attaches of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co" or the designation "Corp," "Inc," or "e word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable:	N/A
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office addr	ress in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent N/A	
(Florida stre	eet address)
	eet address) Florida

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 Doc	
X Remove	\underline{v}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
i) Change	VP	Marlene Torres	8451 SW 35th Terrace
x Add			Miami, FL 33155
Remove			
2) Change	T	Patricia Lloret	8451 SW 35th Terrace
X Add			Miami, FL 33155
Remove			
3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
N/A

	N/A	
The date of each amendment(s date this document was signed.	adoption:	, if other than the
•	4/25/2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date value of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
04/25/20	019	
Dated		
Signature	Kafa I Man	
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	Rafael J Alvarez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

. . . .