## P190000 85557

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THE PROPERTY.

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## COVERLETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	GLOWSTAR ME	DIA INC.	
DOCUMENT NUME	P19000085557		
	of Amendment and fee are su	bmitted for filing.	
	pondence concerning this ma		
Treame results and extrem		no wine wine.	
	AGUSTIN FABREGUES		
	GLOWSTAR MEDIA INC.	Name of Contact Person	1
	3943 ADRA AVE	Firm/ Company	
	DORAL, FL. US 33178	Address	
		City/ State and Zip Code	
agust	in@glowstar.com.ar		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	reconcerning this matter, pleas	se call:	
AGUSTIN FABREG		5411 at (	65471440
Name c	of 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;
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address indment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

to

Articles of In	corporation
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	Articles of the	orporation .	
Gla	ouslar	Media IN	C
(Name of	Corporation as currently	v filed with the Florida Dept. o	f State)
		D191066	75557
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this a	Florida Profit Corporation adop	ts the following amendment(s) to
A. If amending name, enter the new nam	ne of the corporation:		
	·	, <u></u>	The new
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Co-chartered," "professional association," o	rp," "Inc," or "Co". A	1 projessional corporation nam	
B. Enter new principal office address, if	applicable:	N/A	
(Principal office address MUST BE A ST			
		<del></del>	——————————————————————————————————————
			TO B TI
C. Pater and million address if applica	shl		
C. Enter new mailing address, if applies (Mailing address MAY BE A POST O.	<del>inic.</del> F <u>FICE BOX</u> )	NJA	- <u>65 5 1</u> m
		· ·	PH12: 26
			<u> </u>
D. If amending the registered agent and new registered agent and/or the new			5,
None of Non-Bonistowed trans	NIA		
Name of New Registered Agent	N/ Z		<del></del>
_			
	(Florida str	eet address)	
New Registered Office Address:	NIA		lorida
		(City)	(Zip Code)
Name Danie and Amanda Simulatura if also			
New Registered Agent's Signature, if chall hereby accept the appointment as register			f the position.
	•		
	1115		
	410		
	Signature of New R	egistered 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: $\underline{X}$ Change PTJohn Doc X Remove $\overline{\lambda}$ Mike Jones $X \land Add$ SVSally Smith Type of Action Title Address Name<sub></sub> (Check One) Р AGUSTIN FABREGUES 3943 ADRA AVE 1) \_\_ Change DORAL, FL. US 33178 \_\_\_\_ Remove 3943 ADRA AVE V AGUSTIN FABREGUES 2) \_\_\_\_ Change DORAL, FL. US 33178 \_\_\_\_ Add 3943 ADRA AVE Remove 3.) \_\_\_\_ Change SILVANA E ABALO DORAL, FL. US 33178 \_\_\_\_ Add \_\_\_\_ Remove 3943 ADRA AVE P SILVANA E ABALO 4) Change DORAL, FL. US 33178 \_\_\_\_ Add \_\_\_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 6) Change \_\_\_\_ Add Remove Page 2 of 4

F.,	<u>H</u>	<u>amen</u>	<u>ding</u>	OT	<u>addi</u>	<u>ng additic</u>	<u>onal Articl</u>	<u>es, ent</u>	er chai	nge(s) h	ere:
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fan amendment provides for an exchange, provisions for implementing the amendmen	reclassification, or cancellation o it if not contained in the amendin	of issued shares, ment itself:	
(if not applicable, indicate N/A)			
· · · · · · · · · · · · · · · · · · ·			
	Page 3 of 4		
date of each amendment(s) adoption:	Page 3 of 4		
date of each amendment(s) adoption:	Page 3 of 4		
date of each amendment(s) adoption: this document was signed.	Page 3 of 4		
date of each amendment(s) adoption: this document was signed.	Page 3 of 4		

(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 will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendments::
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	;·
,	(voting group)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
December Dated Signature (By a diselected)	
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)