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To:

Division of Corporations

Fax Number

: (850)617 6380

From:

Account Name : RC TAX SERVICE LLC
Account Number : 120140000083
Phone : (407)932-0040
Fax Number : (407)520-5473

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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NAME OF CORPO	RATION: CARIBE MUSIC ENT	RTAIN	MENT INC				
DOCUMENT NUM	BER:	#	ļ				
	of Amendment and fcc are submit	ied for fil	ling.				
Please return all corre	espondence concerning this matter t	lloade eade o	owing:				
	DIANA C. PEREZ CEPEDA						
	N	ampof C	Contact Person				•
	CARIBE MUSIC ENTERTAINM	IËNT IN	4				
		Pirm/	Gompany	•			
	1861 NW SOUTH RIVER DR A	<u> </u>	_			_	
	MIAMI, FL 33125		diress			_	
	coroperez2501@gmail.com	ity State	and Zip Code	•			
	E-mail address: (to be used f	or future	nnual report	notification)			
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For further information	on concerning this matter, please ca						
DIANA C. PEREZ C	CEPEDA	at			6151		
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Λε Di P.G	niling Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Amend Division The C 2415 I	Address iment Section on of Corpora entre of Tal N. Monroe S assec, Fl. 323	ntions Inhassee Street, Suite 810	·	

address of each Officer (Attach additional sheets, Please note the officer/did P = President; V = Vice Executive Officer; CFO = President, Treasurer, Dir Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove Example:	and/or D if necess rector titl President = Chief Fi rector woo in the fo wes the c	irector being added: ary) e by the first letter of l ; T= Treasurer; S= S inancial Officer. If an uld be PTD. llowing manner. Curr orporation, Sally Smit	he office t ecretury; officer/div ently John	tle: D= Director; TR= Tri ector holds more than Doe'is listed as the P	Irector being removed and title, name, and ustee; C = Chairman or Clerk; CEO = Chief one title, list the first letter of each office held. ST and Mike Jones is listed as the V. There is would be noted as John Doe, PT as a Change,
X Change					
∑ Remove	<u>v</u>	Mike Jones			
X Add	<u>\$V</u>	Sally Smith			
Type of Action (Check Onc)	Title	Name			Address
1) Change	VP	PEREZ CE	PHDA, D	ARLING A.	1861 NW SOUTH RIVER DR
Add					APT 2501
X Remove					MIAMI, FL 33125
2) Change					
Add					
Remove Change					
Add					
Remove					
4) Change					
Add					
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6)Change		<u> </u>			
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Кеточе					

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E. If amending or adding additional Articles, en (Attach additional sheets, if necessary). (Be s	nter chang pecific)	e(s) libre:		
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F. If an amendment provides for an exchange, provisions for implementing the amendme	reclassitic nt if not co	ation, or cancellation of ntained in the amendmo	issued shares, nt itself:	
(if not applicable, indicate N/A)				
				
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