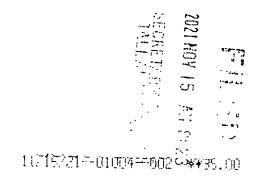
## P2000038717

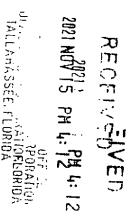
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

PORATION	
bmitted for filing.	
tter to the following:	
Name of Contact Persor	1
Firm/ Company	
SUITE 900	
Address	
City/ State and Zip Code	e
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sed for future annual report	notification)
se call:	
at ( <sup>305</sup>	5173457
Area Co	de & Daytime Telephone Number
payable to the Florida Depa	artment of State:
S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Address
	Iment Section on of Corporations
	Name of Contact Person  Firm/ Company SUITE 900  Address  City/ State and Zip Code  OM  Sed for future annual report  se call:  at (305  Area Co  payable to the Florida Depi  [] S43.75 Filing Fee &

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

Λ	DSN/	MOVII	PAR.	ATION

(Name of Corporation as currently filed with the Florida Dept. of State	<u></u>		
P20000038717	<b>:</b> )		
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation:	followinş	g amendm	ient(s) i
A. If amending name, enter the new name of the corporation:			
NUESTRA.TV CORPORATION		The ne	11.1
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abi "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must "chartered," "professional association," or the abbreviation "P.A."	breviatio 1 contair	n "Corp.,	11
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<del></del>		
		<del>.</del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
	<b>3</b> 3	<del>2</del> 021	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the		10%	1 7
new registered agent and/or the new registered office address:	• _	5	*******
Name of New Registered Agent	1		ر د او تا د
	, 11 g	Ģ)	ا المعادة المع المعادة المعادة المعاد
(Florida street address)	7-2	N)	
New Registered Office Address: Florida		<u> </u>	
(City)	(Zip C	iode)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the policy.	osition.		
Signature of New Registered Agent, if changing			
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.			

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 ₽T John Doe X Remove $\underline{\mathbf{v}}$ Mike Jones <u>X</u> Add $\underline{SV}$ Sally Smith Type of Action <u>Title</u> Name Address (Check One) 1) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 2) \_\_\_\_ Change \_\_\_\_ Add \_ Remove \_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 5) \_\_\_\_ Change \_\_\_\_ Add Remove 6) \_\_\_\_ Change \_\_\_\_ Add Remove

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				NO.
f an amendment provides for an exchange, reclas	eifiaation as assault		75° 5 27, 5 .	
provisions for implementing the amendment if n	ot contained in the a	<u>ation of issued sna</u> mendment itself-	res.	CI.
(if not applicable, indicate N/A)			12.5	13.
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The date of each amendment(s) adoption:	, if other than t
date this document was signed.	
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	date will not be listed as t
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	tion and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	• •
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ECRETARY 15
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
NOVEMBER 8, 2021	·- <u>:</u> 23
Signature Anaro Life, Eq. (1)	
(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 countries appointed fiduciary by that fiduciary)	
ALVARO A. ACEVEDO	
(Typed or printed name of person signing)	
INCORPORATOR	
(Title of person signing)	<del>-</del> -