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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPANY COMBO, LLC

Account Number : I20160000033 Phone : (866)428-2030 Fax Number : (407)308-0481

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

Email	Address:	

COR AMND/RESTATE/CORRECT OR O/D RESIGN LATINSPORTS & SHOWBIZZ, CORP **

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JUN 18 2021

COVER LETTER

TO: Amendment Section

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Division of Corporations NAME OF CORPORATION: LATINSPORTS & SHOWBIZZ, CORP DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PAOLA C. Name of Contact Person COMPANYCOMBO, LLC Firm/ Company 2815 DIRECTORS ROW STE 100 Address ORLANDO, FL 32809 City/ State and Zip Code DOCS@COMPANYCOMBO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PAOLA C. Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 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)

Street Address

Amendment Section

Division of Corporations

The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation

of

LATINSPORTS & SHOWBIZZ, CORP	£ 217 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .
(Name of Corporation as current)	y filed with the Florida Dept. of State)
P20000056396	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "on "lnc.," or Co.," or the designation "Corp," "Inc.," or "Co". I chartered," "professional association," or the abbreviation "P.A."	company, "or "incorporated" or the abbreviation "Corp.," 4 professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office adding registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	eet address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.
Signature of New R	egistered 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)

Example:

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.

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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	T	Víctor Manuel Jiménez Escobar	P. de la Reforma 180 4º Piso Est.
X Add			Colonia Juárez
Remove			Ciudad de México 06600 MX
2) Change	S	José Manuel Vergara Cabrera	P. de la Reforma 180 40 Piso Est.
X Add			Paseó de la Reforma 180 4º Piso E
Remove 3) Change			Ciudad de México 06600
Add			
Remove			
4) Change			
Adđ			-
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional in Attach additional sheets, if necessary	Articles, enter change(s) here: y). (Be specific)
- · · · · -	
If an amendment provides for an e	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
	,
	
·	

.

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amends	nent file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors w	ithout shareholder action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes casufficient for approval.	ast for the amendment(s)
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups, or each voting group entitled to vote separately on t	The following statement he amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for app	roval
by		
	(voting group)	
04/15/202	21	
Dated		
Signature	, 	_
(By a selec	director, president or other officer – if directors or ted, by an incorporator – if in the hands of a receive inted fiduciary by that fiduciary)	officers have not been er, trustee, or other court
	RICARDO ALONSO MALDONADO MORAL	ES
	(Typed or printed name of person sign	ning)
	PRESIDENT	
	(Title of person signing)	

citrix | RightSignature

REFERENCE NUMBER

9ACDE6CA-4DAE-4093-9EDA-E22947D5F8B7

SIGNATURE CERTIFICATE

TRANSACTION DETAILS

Reference Number

9ACDE6CA-4DAE-4093-9EDA-E22947D5F8B7

Transaction Type Signature Request

Sent At

04/15/2021 15:17 EDT

Executed At 04/16/2021 16:45 EDT

Identity Method

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Distribution Method

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Signed Checksum

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04/16/2021 16:45 EDT

Identity Authenticated At

SIGNERS

SIGNER

RICARDO MALDONADO

Emall

rmaldonado78@hotmail.com

Components

AUDITS TIMESTAMP

E-SIGNATURE

Multi-factor Digital Fingerprint Checksum

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IP Address 187.170.187.24 Davica

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