

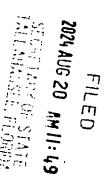
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06/20/24--01619--026 **35.06



COVER LETTER

TO: Amendment Section Division of Corporations Bairon Media Content Corp. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Maureen Petty Name of Contact Person Bairon Media Content Corp Firm/ Company 335 S Biscavne Blvd, unit 2912 Address Miami, FL 33131-2350 City/ State and Zip Code info@baironmedia.com, E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Maureen Petty Name of Contact Person Area Code & Daytime Telephone Number 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) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Bairon Media Content Corp	·
(Name of Corporation as current	tly filed with the Florida Dept. of State)
P20000082607	•
. (Document Number o	of 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," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	335 S Biscayne Blvd, unit 2912
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Miami, Florida
•	33131
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECONOL AUL
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the S
Name of New Registered Agent	
(Florida su	reet 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	with and accept the obligations of the position.
•	
Cianatan of Van E	Registered Agent, if changing
Signature of New K	regimenta rigena, y trianguag
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 (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.

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 Changes should be noted in the joilowing manner. Currently John Doe is tisted as the PS1 and Mike Johes is listed as the V. There is a change. Alike Johes leaves the corporation, Sully Smith is named the V and S. These should be noted as John Doe, PT as a Change. Summer of the Property of the Property.

X Change	<u>PT</u>	John Doc	no noted as John Doe, PT as
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	•
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change			<u>.1001125</u> 5
Add			
Remove			
2) Change			
Add ·			
Remove Change			9. The second se
Add			
Remove			
4) Change		•	
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

Attach <i>additional</i>	sheets, if necessary). (Be	? specific)			
					
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provisions for im	provides for an exchange plementing the amendme	<u>, reclassification, or</u> ent if not contained	<u>r cancellation of E</u> in the amendmen	ssued shares, it itself:	
(if not applice	ible, indicate N/A)	. *			
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The date of each amendment(s) a date this document was signed.	loption:	<u>.</u>	, if other than th
Effective date if applicable:		· ·	·
	(no more than 90 days af	ster amendment file date)	•
Note: If the date inserted in this bedocument's offective date on the De	ock does not meet the applicable stat partment of State's records.	tutory filing requirements, this date	: will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of	directors without shareholder action	and shareholder
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number fficient for approval.	of votes cast for the amendment(s)	ı
	roved by the shareholders through voti each voting group entitled to vote sepa		nt .
"The number of votes cast	or the amendment(s) was/were suffici	ent for approval	
by		<u> </u>	
	(voting group)	•	•
Delost	2011		
Signature		•	
(By a di selected	edor, prysident or other officer – if di y an incorporator – if in the hands o y fiduciary by that fiduciary)		
• •	Maureen Petty		• •
	(Typed or printed name of p	person signing)	
	Chief Executive Officer	·	٠
	(Title of person signing)		