P97000094713

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	

Office Use Only



100377928911

13/14/21--91021--001 **35.01

FILED
2021 DEC 14 AM 8: 29

C. BRUMBLEY JAN - 5 2022

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	TROPIC	SOLU	TIONS	INC	
DOCUMENT NUMBER:	P970000	9471	3	<u></u>	
The enclosed Articles of Amendmen	and fee are submitted for	filing.			
Please return all correspondence cond	erning this matter to the fo	llowing:			
		ITIONS Company	INC.		
HIAMI, FL 33133 City/ State and Zip Code Palumare amual report notification)					
For further information concerning the		1 3		<i>a</i> 52	
SANTIA-AU C	AICEOU ,	1 (305) _	Daytime Telephon	1200	
Enclosed is a check for the following			•	c Number	
	ate of Status Certific	d Copy nal copy is d) (\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	ations	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation

nf

TROPIC SOLU	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P970009	4713
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	dorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
LATIN MEDIA S	OURCES, INC. The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4235 BRAGANZA ANE MIAMI FL 33133
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4235 BLAGANZA AUG MIAMI, FL. 33133
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ss in Florida, enter the name of the
Nume of New Registered Agent	DEL F
(Florida stree	et addresss
	Po I
New Registered Office Address:((Florida F- City) - (Zim Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of Nov. Do.	gistered Agent, if changing
Signature of New Res	usierea Ageni, ij 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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		~
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_ _		
Add				
Remove				
5} Change		_		
Add				
Remove				
б) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s (Attach additional sheets, if necessary). (Be specific)	<u>) here</u> :
SANTIAGO CAICEDO	50% SHARES
NATALIA GONZALEZ	50% SHARES
-	
	
	•
	
	<u>. </u>
F. If an amendment provides for an exchange, reclassification provisions for implementing the amendment if not contain	
(if not applicable, indicate N/A)	
	· · · · · · · · · · · · · · · · · · ·
·	
	·

The date of each amendment(s) adoption: date this document was signed.	DEC	· 10.	2021	, if other than the
	DEC.	10	2021	
Effective date <u>if applicable</u> :	(no more than 90		<u> </u>	late)
Note: If the date inserted in this block does n document's effective date on the Department of		able statutor	ry filing requirer	ments, this date will not be listed as the
Adoption of Amendment(s) (CH	IECK ONE)			
☐ The amendment(s) was/were adopted by the action was not required.	incorporators, or b	oard of dire	ctors without sha	areholder action and shareholder
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		number of v	votes cast for the	e amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting			•	•
"The number of votes cast for the amer	ndment(s) was/wer	e sufficient	for approval	
by			,,,	
(vot	ing group)			
Dated Signature	19129	ŽI.		
(By a director, presi selected, by an inco				
appointed fiduciary			receiver, trastee.	or outer court
<u></u>	ANTIA	En	CAIC	FNA
	Typed or printed r		on signing)	
	PRE	Sint	E VII	

(Title of person signing)