P070000307/2

(Re	questor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	e #)		
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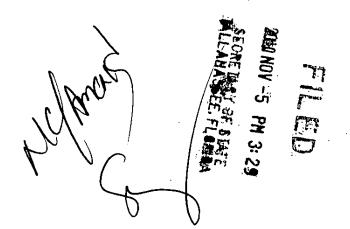
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Ballsal TV Production Corp		
DOCUMENT NUMBER:	P07000020712		
The enclosed Articles of Amendment	and fee are submitted for filing.		
Please return all correspondence cond	eerning this matter to the following:		
	Jeovanny Salamanca Name of Contact Person		
	Name of Contact Person		
Ballsal TV Production Corp			
The balling and all the residue deads that the second seco	Firm/ Company		
	5027 SW 147 PL		
	Address		
	Miami, FL 33185		
	City/ State and Zip Code		
E-mail addres	salamanca111@yahoo.com s: (to be used for future annual report notification)		
For further information concerning the	nis matter, please call:		
Jeovanny Salamanc	a at (786) 4622230		
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 Certificate of			
Mailing Address Amendment Section	Street Address Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

of

Ballsal TV Production Corp

(Name of Corporation as currently filed with the Florida Dept. of State

P07000020712

(Document Number of Corporation (if known)

BONON S PH 3: 29

Ballsal Corp	The new
name must be distinguishable and contain the word "cabbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional ass	corporation," "company," or "incorporated" or the "Corp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	5027 SW 147 PL
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>Miami, FL 33185</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5027 SW 147 PL Miami, FL 33185
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent:	
New Registered Office Address: (F	Florida street address)
	Florida street address), Florida City) (Zip Code)

' 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add ☐ Remove
, ——			
	ng or adding additional Articles, enter itional sheets, if necessary). (Be spec		· · · · · · · · · · · · · · · · · · ·
	·		
	·		
E 16		- lastification on agnoslistic	m of icound above
r. <u>II an ame</u>	endment provides for an exchange, re s for implementing the amendment i	f not contained in the amend	n of issued snares,
(if not	applicable, indicate N/A)	r not contained in the amend	ment usen.

The date of each amendment(s) a	adoption: 10/25/2010
	(date of adoption is required)
Effective date if applicable: (no	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were as by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	29
(vo	ting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated 10/2	25/2010
Signature	William Control of the Control of th
` •	irector president or other officer – if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Jeovanny Salamanca
_	(Typed or printed name of person signing)
	Director
	(Title of person signing)