H36482

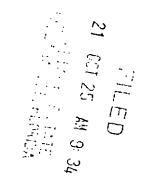
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T. LEMIEUX NOV - 3 2021

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Light Flight Productions inc	<u>). </u>
DOCUMENT NUMBER: H36482	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Alan S Maltz Name of Contact Person Light Flight Production Firm/ Company 1210 Duval Street Address Key West, FL 33040 City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	<u> </u>
For further information concerning this matter, please call:	
Alan S. Maltz at 305 304-7475 Name of Contact Person Area Code & Daytime Teleph	5
Name of Contact Person Area Code & Daytime Teleph	ione Number
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Certified Copy (Additional Copy is enclosed)	itus
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	:

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

of

liant thant	Productions, Inc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
H30482	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	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."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/M
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent V	
·	
(Florida stree	t address)
New Registered Office Address: \ \ \mathcal{D} \ \mathcal{A}	, Florida > 171
(C	Tity) Tip Code) Tip Code) Sign Sign Sign Sign Sign Sign Sign Sign
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	th and accept the obligations of the position.
<u> </u>	istered Agent, if changing
Signature of New Reg	istered 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	<u>PT</u>	John D	<u>oc</u>	
X Remove	V	Mike Je	ones	
X Add	_ <u>\$V</u>	Sally S		
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change			Leslie Maltz	102 Venetian way
Add				Sugar 10af, Fr. 33042
Remove				
2) Change		_		
Add				
Remove Change	***	_		
Add				. 191
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

	iets, if necessary). (Be specific)			
	NB			
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• •				
an amendment p	ovides for an exchange, reclassific	cation, or cancellation of	issued shares,	
(if not analical	ementing the amendment if not coefficient in the coefficient (N/A)	ontained in the amendm	ent itseit:	
NIP	·			
		<u> </u>		
		<u> </u>		

• • • • • •

he date of each amendment(s) adoption: \(\begin{align*} \mathcal{N} \begin{align*} \beta \\ \mathcal{B} \\ \ma	, if other than the
ate this document was signed.	
ffective date if applicable: 10/14/21	
(no more than 90 days after amendment file o	late)
fore: If the date inserted in this block does not meet the applicable statutory filing requires ocument's effective date on the Department of State's records.	ments, this date will not be listed as the
doption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without sha action was not required.	areholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes east for the by the shareholders was/were sufficient for approval.	e amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The foll must be separately provided for each voting group entitled to vote separately on the amend	_
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Dated 10 14 202	
Signature Slan S. Mattz	
(By a director, president or other officer – if directors or officers h	
selected, by an incorporator — if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	, or other court
Alan S. Maltz	
(Typed or printed name of person signing)	
<u> </u>	
(Title of person signing)	