NO 7000009134

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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JENNIFER KELLY PRODUCTIONS, INC PO BOZ 401 ENGLEWOOD, FL 34295 941.201.2209

Herein after Lemon Bay Performing Arts Academy, Inc will now be recognized as Jennifer Kelly Productions, Inc.

All members have voted and it has passed unanimously that the name change shall be effective starting January 1, 2011. All paperwork, filing, and bank statements should be altered and reflect the above-mentioned change immediately.

Signed

Jennifer L Kelly
Executive Director
Jennifer Kelly Productions, Inc.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Jennif	er Kelly Producti	ions Inc.
DOCUMENT NUMBER: NO 70000	009134	
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
lenni for (Name of C	ontact Person)	
lennifer Kell	y Productions Company)	
1873 Whisper	ing Pines Civ	
Englewood (City/ State	F2 34223 and Zip Code)	
E-mail address: (to be used to	COMCAST. NET	on)
For further information concerning this matter, please of	all:	
(Name of Contact Person)	at (941) 626-6	2688
Enclosed is a check for the following amount made pay	able to the Florida Department of	State:
\$35 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci	,

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of.

N07000009134	-
(Document Number of Corpora	ation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes the following amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporation of the corp	ctions Inc ed "corporation" or "incorporated" or the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1873 Whispering Pines Cir
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered offic	
new registered agent and/or the new registered office ad Name of New Registered Agent:	ddress:
New Registered Office Address: (Flor	orida street address)
	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am position.	Agent:
Signature of New	w Registered Agent, if changing

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>	Name	Address	Type of Action
P	Sarah Baer	142 Mark Janain La Rotanda West, FL 33947	Add Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
E. If amending (attach addit	or adding additional Articles, enter chional sheets, if necessary). (Be specific)	ange(s) here:	
			,

The date of each amendment(s) ad	
Effective data if applicables	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were s.
have/not l	hairman or vice chairman of the board, president or other officer-if directors been selected by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing) EXECUTIVE Director (Title of person signing)