N10000008774

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C.COULLIETTE

NOV 04 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: ENTERTA	FINMEN!	AND SHOWI.
DOCUMENT NUI	MBER: N/000000	3774	
The enclosed Articl	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this mat	tter to the following:	
	AL AC	16611	
•	(Name o	f Contact Person)	
	ENTERTAINM	ENT AND S	Hows Inco,
	(Firm	n/ Company)	
/	11400 NIWI	22 AUR	
<u></u>	(Address)	
	MIAMI FLA	33167	
		te and Zip Code)	
	E-mail address: (to be use	ed for future annual report notifi	cation)
For further informat	ion concerning this matter, pleas	e call:	
AL	e of Contact Person)	at (305) 747	-3982
(Nam	e of Contact Person)	(Area Code & Days	time Telephone Number)
Enclosed is a check	for the following amount made I	payable to the Florida Departme	ent of State:
☑\$35 Filing Fee	☐ \$43.75 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
Ami Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cen	ions

Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation of

ENTENTAINMEN! (Document N	AND SHOWS INC number of Corporation (if known) 0008774	<i>'</i>
Pursuant to the provisions of section 617.100	06, Florida Statutes, this <i>Florida Not I</i>	For Profit Corporation adopts
the following amendment(s) to its Articles of	Incorporation:	
A. If amending name, enter the new name	of the corporation:	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"	contain the word "corporation" or "or "Co." may not be used in the nat	"incorporated" or the me.
B. Enter new principal office address, if a (Principal office address MUST BE A STRE		
(17 maps: oggice unisess <u>issees bested the</u>		
		≡ Som
		ÓV CHI
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OF)		
		₹ हैं
		\frac{\frac{1}{2}}{2}
D. If amending the registered agent and/o	or registered office address in Florid	a, enter the name of the
new registered agent and/or the new re	egistered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registed position.		accept the obligations of the

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
D	TURNER MAKY	2105 NIW, 119th MIAMT PL, 33167	Add Remove
D	WATSON JOSEPH	2260 NIW, 60 St. MIAMI PLA. 33/9	Add Remove
			_
	ng or adding additional Articles, enter c itional sheets, if necessary). (Be specific	hange(s) here: RFT	ING CANCELLED FURNED CHECK
			·
			

The date of each amendment(s) adoption: 10-24-2011
Effective date if applicable: $10 = 25 - \frac{(a \text{ date of adoption is required})}{20!}$
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
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RETURNED CHECK
Dated 10-24-2011
a = a = a = a = a = a = a = a = a = a =
Signature (By the chairman or vice chairman of the board, president or other officer-if directors
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
other court appointed fiduciary by that fiduciary)
·
AL ALLEN
(Typed or printed name of person signing)
Pro. al alla
(Title of person signing)

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