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	(Requestor's Name)	
4	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT 1	MAIL
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	(Document Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations Shiloh PSA Production, Inc. NAME OF CORPORATION: N11000009466 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Barbara Cordoves (Name of Contact Person) Shiloh PSA Production, Inc. (Firm/ Company) 2800 SW 106 Avenue (Address) Miami, FL 33165 (City/ State and Zip Code) shilohpsaproduction@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Barbara Cordoves (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 Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address **Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Shilon PSA Production, Inc.		
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
N11000009466		
(Document Number of Corpora	ation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit Corpora</i>	tion adopts the following
A. If amending name, enter the new name of the corporation N/A	ion:	The new
name must be distinguishable and contain the word "corporat "Company" or "Co," may not be used in the name.	·	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		AF Z
		7 7 7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	PH
		97. 13
		- 5 A
		<u> </u>
D. If amending the registered agent and/or registered office	e address in Florida, enter the name	of the
new registered agent and/or the new registered office as	ddress:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	71 1	•
(City)	, Florida Zip Coa,	le)
•	•	,
New Registered Agent's Signature, if changing Registered a large l	Agent: niliar with and accept the obligations o	f the position.
	7	
Signature of New Regist	tered Agent, if changing	

Page 1 of 4

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	<u>mes</u>	
X Add	<u>sv</u>	Sally Sr	nith_	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
Change X Add Remove	PCEC	2	Barbara Cordoves	2800 SW 106 Avenue Miami, FL 33165
2) Change X Add Remove	TCFC	<u>)</u>	Adolfo Jimenez	5220 Farragut Street Hollywood, FL 33021
3) Change X Add Remove	scoo	<u>.</u>	David Margolis	1083 124th Terrace Sunrise, FL 33323
4) Change Add Remove		-		
5) Change Add Remove		-		
6) Change Add Remove		-		

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Article V - Dissolution: A. Said organization is organized exclusively for charitable, religious, educational and scientific proposes, including for such purposes, the making of distributions to organizations that qualify as expempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

B. Upon the dissolution of the organization, assets shall be distributed for one or more

exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to the state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Article VI - The Name and Florida street address of the registered agent is: Barbara Cordoves, 2800 S.W. 106 Ave, Miami, FL 33165. I certify that I am familiar with and accept the responsibilities of registered agent.

Article VII - The name and address of the incorporator is: Barbara Cordoves, 2800 S.W. 106 Ave, Miami, FL 33165

Article VIII - The Initial officer(s) and/or director(s) of he corporation is/are: Title: PCEO, Barbara Cordoves 2800 S.W. 106 Ave, Miami, FL 33165, Title: TCFO, Adolfo Jimenez 5220 Farragut Street, Hollywood, FL 33021, Title: SCOO, David Margolis, 1083 124th Terrace, Sunrise, FL 33323

Article VIIII - The effective date for this corporation shall be: 10/01/2011

The	date of each amendment	April 12, 2012	
Effective date <u>if applicable</u> :		April 12, 2012	
		(no more than 90 days after amendment file date)	
Ado	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for ap	were adopted by the members and the number of votes cast for the amendment(s) pproval.	
	There are no members or adopted by the board of o	r members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated April	2012 Daula Cus	
	(By the have r	chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Barbara (Cordoves	
		(Typed or printed name of person signing)	
	Presiden	nt/CEO	
		(Title of person signing)	