N14977

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(Address)
(City/State/Zip/Phone #)
(,
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C.COULLIETTE

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EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	South	FLORIDA	PERFORMINT C	ARTS, INC
DOCUMENT NUMBER:	N	14977		
The enclosed Articles of Amendment ar	ıd fee are sub	mitted for fili	ing.	
Please return all correspondence concern	ning this mat	ter to the follo	owing:	
	JOHN	f co	u	
	(Name of	Contact Perso	on)	
20	UTU FLOV	RIAA PERIS	memine arts	Juc
	(Firm	n/ Company)		
		9772		
* '	(/	Address)		
	ft who	scores b	=1 33310	- 9772
	(City/ Sta	te and Zip Co	de)	Marie Barrier Communication Co
	SOFLT	TACK O	aol. com	
E-mail addre	ss: (to be use	d for future ar	nual report notifi	cation)
For further information concerning this	matter, pleas	e call:		
JOHN F COLD (Name of Contact Person)		at (s4) 35	1- 1696
(Name of Contact Person)		(A	Area Code & Day	time Telephone Number)
Enclosed is a check for the following an	nount made p	ayable to the	Florida Departme	ent of State:
□\$35 Filing Fee □\$43.75 Filing Fe Certificate of St	ce & atus		al copy is	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		A D C 20	treet Address mendment Section livision of Corporal lifton Building 661 Executive Cen allahassee, FL 323	tions ter Circle

Articles of Amendment to Articles of Incorporation

SOUTH FLORIDA PERFORMS LETS, INC.

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

N 14977

(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> at the following amendment(s) to its Articles of Incorporation:	dopts
A. If amending name, enter the new name of the corporation: FT LAUDMOALE PERFORMING METS, INC.	
The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12 JAN 20 PM 2
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	5
Name of New Registered Agent:	
New Registered Office Address: (Florida street address)	
, Florida, (City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of position.	f the

Signature of New Registered Agent, if changing

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	Name		Address	
1)				
2)				
3)				
4)				
5)				
6)				
removed:	officer and/or director, pleas	se list the title(s) a	nd name of the office	er/director to be
Title(s)	Name	Title(s)	<u>Name</u>	
1)		4)		
2)		5)		
3)		6)		

L. If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)

The date of each amendment	(s) adoption: December 1, 2011 (date of adoption-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/wer was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or m adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	ROZEN PATTONSON
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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